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Depictions of Mental Disorder in Mainstream American Film 1988-2010

Catherine A. Sherman

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DEPICTIONS OF MENTAL DISORDER IN
MAINSTREAM AMERICAN FILM FROM 1988-2010

A Dissertation

Submitted to the School of Education

Duquesne University

In partial fulfillment of the requirements for
the degree of Doctor of Philosophy

By

Catherine A. Sherman, M.Ed., M.F.A.

December 2012

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2012

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MAINSTREAM AMERICAN FILM FROM 1988-2010

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ABSTRACT

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Dissertation supervised by Dr. Lisa Lopez Levers

The following qualitative research study examined visual and thematic depictions of mental disorder in mainstream American film from 1988 to 2010. The research was an extension of an earlier investigation on portrayals of psychological disability in Hollywood movies (Levers, 1988, 2001). The theoretical and historical grounding for the project included Sander Gilman's (1982) scholarship on madness in the pictorial arts, the history and treatment of mental disorder over the course of time, social constructionism and the media, and research on media depictions of mental illness. The author employed two content analysis instruments (Levers, 1988, 2001) to record the appearance of icons, stereotypes, and positive portrayals of mental illness in 14 feature-length American films, which contain scenes of psychiatric hospitalization. Each film became a case study, and for each case, the author included content analysis findings, plot and character summaries, and discussion on mental disorder representation through images, speech, and

themes. The multiple cases culminated in a filmography, which can be a resource for individuals interested in, and concerned about, the nature in which mental disorder is portrayed in popular, contemporary movies. The results from this study indicate that iconic and stereotypical representations of mental disorder have remained consistent since Levers' (1988, 2001) inquiries. The author identified 60 of 61 icons listed on the Icons of Madness viewing rubric (Levers, 1988, 2001) and all stereotypes and positive portrayals on the Thematic Portrayals of Mental Disorder viewing rubric (Levers, 1988, 2001). More specifically, the four most commonly depicted icons and the top five stereotypes were the same in both the present and Levers' (1988, 2001) studies. The one notable difference between these and Levers' (1988, 2001) results was the increased frequency of positive portrayals of mental illness; more positive portrayals occurred in this investigation as compared to Levers' earlier research. New icons, stereotypes, and positive portrayals of mental disorder not originally listed on the viewing rubrics were identified, too. The author discusses the present findings in light of future research possibilities, counselor education, and client advocacy.

DEDICATION

I dedicate this dissertation to my beloved family, near and afar. Your love, encouragement, and readership sustained me, as did your willingness to help me remain focused and balanced with restorative breaks—whether walking in the woods or long-distance telephone calls. Your support allowed me to stay the course and complete this dissertation.

ACKNOWLEDGEMENT

I wish to express my sincere appreciation to the faculty associated with this project, Drs. Lisa Lopez Levers, Jered Kolbert, and Emma Mosley. I valued their unique contributions to the supervision of this study. They encouraged me to approach my research from multiple angles and perspectives, and with an eye toward social responsibility.

I am especially thankful to have had the opportunity to continue the ground-breaking filmic scholarship Dr. Levers commenced during her own doctoral research. Her authority as a scholar, teacher, and writer inspired me to pursue my own research and writing to the best of my abilities. I thank her for excellent instruction in qualitative research and social science writing and documentation, as well as for sharing her DVDs. I am grateful for all the time she gave to me, too, in email correspondence, telephone calls, and consultations—for her generosity and kindness.

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CHAPTER I: INTRODUCTION

The mainstream media are our modern-day storytellers (Wahl, 2006; Nairn, 2007). We learn about ourselves, society, and the people around us through media stories and images (Wahl, 2006). The media, including Hollywood film, portray reality in ways to capture and entertain viewing audiences, not necessarily to depict the factual, often unentertaining content and circumstances of “real” people in the real world (Nairn, 2007). To this end, the media often use stereotypes and familiar, sometimes centuries-old, images and narratives to communicate to their audiences, as such discursive elements are known and easily cued through “commonsensical,” culturally learned discourse (Nairn, 2007, p. 139). Researchers have documented stereotypical language, themes, and images associated with mental disorder in Hollywood film (Levers, 1988, 2001; Nairn, 2007; Wahl, 2006). Identifying and analyzing such stereotypes has merit for counselors and counselor educators who are concerned about, and seek to understand, how the media construct mental disorder. Stereotypes of mental disorder, such as “dangerousness,” fuel societal stigma against people with mental illness—a stigma that has very real consequences in people’s lives (Hinshaw, 2007). Knowing more about media depictions and stereotypes may lead to increased client empathy and advocacy. This dissertation serves to inform the socially minded counselor and counselor educator.

Purpose of the Study

The purpose of this dissertation was to examine depictions of mental disorder in feature-length American films from 1988 to 2010 as a way of understanding the images and stereotypes associated with mental illness in contemporary movies. My study was an expansion on Levers’ (1988, 2001) research on portrayals of psychiatric disability,

through icons of madness and stereotypes of disability, in Hollywood film. Levers (1988, 2001) delimited her investigation of representation of mental illness in films—as surveying movies from the 1940s-1990s with any representation of mental illness would be unwieldy—by focusing on scenes of psychiatric hospitalization; I did the same. An important theoretical foundation for Levers’ research was Sander Gilman’s *Seeing the Insane* (1982), a seminal study on the icons of madness in the pictorial arts from ancient times to the twentieth century. Levers created a viewing rubric (see Appendix A), based on Gilman’s work, for identifying icons of madness in film, noting that “the stereotypical depiction of ‘mentally ill’ persons in still art is paralleled in modern film” (1988, p. 23). In addition, Levers (1988, 2001) produced a viewing rubric (see Appendix B) on disability stereotypes informed by Biklen and Bogdan’s (1977) scholarship on stereotypic portrayals of physical disabilities. Levers’ stereotypes’ rubric also included a listing of recommended positive media portrayals as originally articulated by the Institute for Information Studies (1979). I used both of these instruments, with updates and modifications reflecting Levers’ (2001) research, as a means to collect and analyze filmic content, specifically icons, stereotypes, and positive portrayals. In Chapter II, I discuss relevant research informing these rubrics and highlight main themes in Gilman’s (1982) study and the history of madness.

Media producers have employed discursive and technical elements to create characters with mental disorder (Camp, Webster, Coverdale, Coverdale, & Nairn, 2010; Nairn, 2007; Wilson, Nairn, Coverdale, & Panapa, 1999b). Examples of these elements have included the discursive use of language, images, and storylines, and the technical aspects of sound, lighting, and camera shots. In this project, I documented relevant

discursive and technical mechanisms used in portrayals of mental disorder and communicated these findings in written commentary rather than through the use of a viewing rubric.

While the majority of representations of mental disorder in the media have been negative, positive portrayals have occurred (Hinshaw, 2007; Pirkis, Blood, Francis, & McCallum, 2006; Wahl, 2006). The film, *Shine*, which tells the story of gifted pianist David Helfgott, was such an example (Pirkis et al., 2006). Another form of positive portrayal in the media have been personal testimonies of celebrities who have shared their own experiences with mental illness (Hinshaw, 2007; Wahl, 2006). Mental-health advocacy groups also have been active participants in encouraging positive depictions, protesting negative ones, and facilitating public discourse around media representation through advocacy, educational campaigns, and media outreach (Hinshaw, 2007; Wahl, 2006). In light of more positive portrayals and advocacy efforts, I explored the current status of positive representation of mental disorder in film. In this study, I tracked positive depictions through the use of the Thematic Portrayals of Mental Disorder viewing rubric and recorded new positive themes not currently listed on the rubric.

An essential product of this dissertation was the creation of a filmography, containing multiple case studies of contemporary films. For each entry, or case study, I provided the film's year of release and credit information; plot summary; results of content analyses for icons, stereotypes, and positive portrayals; and a "structured narrative" (Levers, 2001, "Structured Narrative," para. 1). The structured narrative offered a framework for the interpretation of content-analysis findings, connections to the history of madness, and commentary on character depictions through discursive elements.

Moreover, the filmography served a couple of important functions in counseling scholarship, strengthening this study. First, it served as a continuation of Levers' (1988, 2001) research on the iconography of madness and stereotypes in film. My investigation extended Levers' research into the twenty-first century. Interested readers can access a body of research on filmic portrayals of mental disorder that runs from the 1930s to present day. Second, this filmography is a resource for counselors and counselor educators who wish to learn more about how mental disorder and psychiatric hospitalization are portrayed, and the attendant images, narratives, and stereotypes associated with such depictions, in mainstream movies. Stereotypes and negative portrayals play a role in the perpetuation of the stigma of mental illness. The filmography is a tool to increase counselors' knowledge about and sensitivity to these issues. Perhaps, more importantly, it also will act as a catalyst to inspire counselors to be agents of change and advocates on behalf of their clients, students, and possibly themselves. Counselors may not have the wherewithal to shape the production of Hollywood film. They do have opportunities, however, to engage their clients in conversations about erroneous thinking and harmful attitudes about mental disorder their clients and families may be harboring or to inspire master-level counseling students to watch movies with more critical eyes. To conclude this discussion on the study's purpose, I list the research questions associated with this project below.

Research Questions

The guiding question for this study was to gain an understanding of how mental disorder is depicted in mainstream American film from 1988-2010. As a means of addressing this question, I posed the following subsidiary questions:

1. What icons of madness are used to portray mental disorder in mainstream American film?
2. What stereotypes of mental disorder appear in mainstream American film?
3. What positive portrayals of mental disorder appear in mainstream American film?
Can additional positive portrayals, beyond those identified in the study's viewing rubric, be identified?
4. How do the content analysis results from this study compare to Levers' (1988, 2001) findings? More specifically, have iconographic and thematic representations of mental disorder changed in the last 20 years, as compared with Levers' work?

Relevancy of Study: Mental Illness Stigma and the Media

The stigma of mental disorder persists in today's society. Since ancient times, stigma has indicated a mark of shame and social exclusion, once literally branded onto a person's skin (Hinshaw, 2007). Hinshaw (2007) wrote that "stigma refers to a global devaluation of certain individuals on the basis of some characteristic they possess," such as having mental illness (p. 23). This devaluation does not reside just within those who stigmatize, however. The stigmatized can internalize stigmatizing beliefs and attitudes about themselves. This process, known as "self-stigmatization," can lead to the "coping responses of secrecy and concealment" (Hinshaw, 2007, p. 26). From a counseling and mental-health perspective, self-stigmatization is especially problematic.

Embedded within the stigma of mental illness are negative perceptions and discriminatory practices. Discrimination on the basis of psychological disability pervades people's lives in significant ways. Hinshaw (2007) identified discriminatory practices

based on psychological disability status in regards to work, housing, health insurance, and legal rights. The author wrote, “with respect to five crucial rights (voting, holding office, getting married, maintaining child custody, and serving on jury), up to half of the states . . . currently restrict one or more of these regarding persons with mental illnesses” (Hinshaw, 2007, p. 125). Such discrimination marginalizes and stigmatizes people, as well as decreases people’s willingness to identify as having a mental illness, much less obtain mental-health treatment. Stigma can be a barrier to people seeking counseling services, an issue the U.S. Government addressed a few years ago.

The U.S. Surgeon General wrote about stigma and its impact on public health in his 1999 report on mental illness. The Surgeon General contended that the majority of people with mental disorder do not pursue treatment because of the stigma of mental illness, noting that stigma is “the most formidable obstacle to future progress in the arena of mental illness and health” (U.S. Department of Health and Human Services, 1999, p.3). Not only does stigma impede people’s willingness to access mental-health services, it can undermine their commitment to participation in counseling, which can contribute to devastating consequences, including suicide (Hocking, 2003). Hocking (2003) wrote that people with schizophrenia have stated that the stigma of their disorder was as upsetting as the condition itself. Individuals with psychological disabilities and their family members reported in a SANE Australia investigation that the reduction of mental illness stigma “was the number one thing that would make their lives better” (Hocking, 2003, p. 47).

The Surgeon General asserted that concern about violence has been central to the stigma of mental illness; many people still associate mental illness with violence, a fear that has been perpetuated in the media (U.S. Department of Health and Human Services,

1999). To this end, there is merit in studying depictions of mental disorder in the media. Hinshaw (2007) wrote the following about the media's role in the perpetuation of mental illness stigma:

Perhaps the strongest evidence in modern culture related to the stereotyping and stigmatization of mental disturbance is found in media portrayals of those with mental disorders the pervasiveness of distorted media images is a major issue for anyone concerned with stigma. (p. 117)

Contemporary studies have supported this claim. Researchers and mental health advocacy groups have documented the media's role in fueling misconceptions regarding mental illness (Nairn, 2007; Nairn, Coverdale, & Coverdale, 2011; Sieff, 2003; Wahl, 2006). In their discussion on media depictions of mental illness, Nairn et al. (2011) summarized this research by stating "from the earliest published studies to more recent work, media portrayals of mental illness have been characterized by crime and violence, unpredictability, and social incompetence" (p. 202). Mental Health America (2011), an advocacy group, observed that the news media often has focused on people's mental-health history when reporting stories of violent crimes. The advertising industry has exploited language, images, and stereotypes of mental disorder—a "schizophrenic lawn mower" or a cackling bag of peanuts—for commercial gain (Wahl, 2006, p. 149). Stigmatizing depictions of people with psychological disabilities have appeared in Hollywood films for decades (Hyler, Gabbard, & Schneider, 1991; Levers, 1988, 2001; Wahl, 2006). In their analysis of characters with mental disorder depicted in children's programming, Wahl, Hanrahan, Karl, Lasher, and Swayne found that most were cast as villains, and that characters without mental disorder typically responded to those who did

with fear, violence, ridicule, and avoidance. None responded with affection to a character with mental illness, although some acted sympathetically (Wahl, Hanrahan, Karl, Lasher, & Swayne, 2007). Television programming has been stigmatizing; televised portrayals of mental disorder have depicted people as violent or physically different (Granello & Pauley, 2000; Nairn, 2007; Signorelli, 1989). Television viewing habits have been correlated with people's perceptions of psychological disability, too. A study involving college students, who have learned about mental disorder mainly through television, suggested that watching television increased a person's negativity toward mental illness (Granello & Pauley, 2000). More broadly, research has shown that "the mass media, including television and broadcast news, are the primary source of information about mental illness for many Americans" (Stout, Villegas, & Jennings, 2004, p. 543).

Nairn's (2007) meta-analysis also indicated that the majority of contemporary mainstream media depictions of mental disorder have been invalidating and inaccurate. Nairn (2007) reviewed 21 research studies, all framed within a social constructivist paradigm, that examined depictions of mental disorder in a variety of media genres and sources, with newspapers being the most frequently examined media type. Nairn (2007) commented on the infrequency of studies of filmic depictions, an observation which reinforced the relevancy of this current project. The studies took place in Australia, New Zealand, the United Kingdom, and the United States from 1993-2005. Researchers employed a variety of discursive techniques to investigate media representations, such as discourse, narrative, and news frames analyses. The author concluded that "Across Anglophone societies analyses show that media depictions of mental illnesses, in fictional and factual genres, routinely emphasise [*sic*], violence, harm, unpredictability, and forms

of social incompetence” (Nairn, 2007, p. 138). Moreover, Nairn’s (2007) analysis uncovered few positive portrayals in fictional sources, which was concurrent with Levers’ (1988, 2001) earlier inquiries.

I assert that understanding the media’s role in mental illness stigma is relevant for counselors. Counselors may meet with clients and their families who have internalized some of the media’s toxic images and discourse surrounding mental illness, or who are facing discrimination based on their disability status. These clients may be experiencing real discomfort in their lives because of how they and others perceive them. Reflecting on the media’s impact on people’s lives, Hyler, Gabbard, and Schneider (1991) posed questions for mental-health advocates to consider:

What is likely to be the cumulative effect on audiences who see the mental patient frequently depicted as a homicidal maniac? Are viewers likely to be sympathetic to mentally ill people or to welcome warmly (or even with a neutral reaction) psychiatric halfway houses or day treatment centers in their community? What effect might viewing mental illness as akin to demonic possession have on legislators who vote whether to allocate limited funds for mental health research? (p. 1047)

Counselors have an opportunity to acknowledge their clients’ experiences with stigma and respond with empathy and compassion. With this dissertation, I have sought to foster that empathetic response and a sense of advocacy.

Definition of Terms

Mental disorder. For the purposes of this study, the terms “mental disorder,” “mental illness,” and “psychological disability” have been used interchangeably. These

idioms are modern conventions for historic words like “madness” and “insanity.” In general, a mental disorder is a psychological condition that leads to emotional, cognitive, or behavioral distress, disturbance, or disability, which is contributed to any number of interpersonal, familial, social, developmental, or biological risk factors.

Mainstream, feature-length film. The films analyzed in this dissertation are all mainstream, feature-length American films made from 1988 to 2010. Levers (1988) noted that “feature-length refers to the standard length of the movie shown in movie theaters, billed as the main attraction, as opposed to cartoons or other shorts” (p. 13). A feature-length film typically spans 90-150 minutes (Levers, 1988). The films identified in this dissertation have been marketed toward mass-viewing audiences.

Icons. Icons are visual elements associated with a particular subject (Levers, 1988). Levers defined icons “as objects near to or held by the ‘insane’ subject, clothing worn, facial expressions, physical characteristics, physical posturing and gesturing, and environments . . . in which subjects portrayed as ‘mentally ill’ are placed” (Levers, 2001, “Iconography,” para. 2). The term “icon” originated in early religious artwork depicting Christ and other spiritual figures, and art historians articulated the study of these pieces as “iconography” (Woodrow, 1999). Art historians presently conceptualize iconography as the study of images more broadly (Woodrow, 1999). In addition, Panofsky wrote that iconography “concerns itself with the subject matter or meaning of works of art, as opposed to their form” (1967, p. 3). This assertion resonates with the purpose of the identification of icons in this study; the focus was on exploring metaphorical and symbolic content, not just occurrences.

Stereotypes. Stereotypes are generalizations about social groups that fail to consider the unique nature and characteristics of its individual members (Hinshaw, 2007). Stereotypes of mental disorder have been documented in the media, including film (Levers, 1988, 2001; Nairn, 2007; Wahl, 2006). The stereotypes of mental disorder listed in this study's Thematic Portrayals of Mental Disorder viewing rubric include the following: dangerous; object of violence; as atmosphere; pitiable and pathetic; asexual or sexually deviant; incapable; comic figure; own worst or only enemy; super-crip; burden; artistic/creative genius; and medicalized/pathological (Levers, 2001).

Filmography. A filmography catalogs films around a central theme (Levers, 1988), which in this research, was mental disorder as contextualized through scenes of psychiatric hospitalization or institutionalization with medical or psychiatric care.

Chapter IV of this dissertation contains the filmography.

Delimitations and Limitations

As mentioned earlier, I followed Levers' (1988, 2001) investigative lead and delimited the types of films to be included in this study. Levers' selected scenes of psychiatric hospitalization, as institutionalization has served to define people with more severe psychological disabilities (Levers, 1988). Levers wrote, "It is the act of institutionalization which has historically separated the 'madman' from the rest of society. Therefore, in an examination of visual stereotypes of 'madness,' it is necessary to focus on the visual depiction of that experience which is essential to the definition of 'madness' in this society, i.e., hospitalization" (Levers, 1988, p. 6). Fleming and Manvell (1985) also claimed that the history of mental disorder has been connected with the history of institutionalization. Delimiting films to include those with psychiatric hospital

scenes was a practical decision, too. Attempting to identify, view, and analyze any and all movies with depictions of mental illness quickly would have become an unwieldy project. An overly broad grouping may have lacked meaningful coherence as a collection of cases to study. A further step to delimit the pool of films selected in this study's sample was to include only mainstream American films from 1988 to 2010. These films targeted mass-viewing audiences, and as such, affording broad exposure and maximum impact regarding images and content regarding mental illness depictions. Movies appealing to more limited viewing-audiences were excluded, including documentaries, art/experimental, foreign, animated, and horror or "slasher" films. Such delimitations should not suggest that these groups of films were not worthy of examination. In fact, researchers have analyzed mental illness depictions in particular genres, such as in Walt Disney movies (Beveridge, 1996) and in horror films (Wahl, 2006).

In addition to these delimitations, an important limitation to recognize in this study occurred as a result of the interpretive nature of the research. The process for identifying stereotypes and themes required the identification of patterns occurring in language, images, and actions associated with the representation of mental disorder—analysis that transcended textual identification. My objective was to interrogate this content in order to excavate thematic and metaphorical meanings. To this end, I selected, judged, and interpreted language and behavior, and I did so through my own understanding of the English language, mental illness, societal conventions, and moral codes. I filtered and controlled the interpretation of the data collected in this study through my own personal history, education, life experiences, and worldview. I was alert to the ramifications of researcher bias and the influence of subjectivity in the interpretive

process. As a personal example, I have worked with, and advocated for, people with disabilities, mostly psychological, for nearly a decade. I have believed deeply in seeing individuals with disabilities in terms of wholeness, competencies, and strengths—not by numbers, limitations, and impairments. As a researcher, I was mindful of my heightened awareness and frustration with reductionist depictions of people with mental disorder in the media. This sensitivity could have caused me to judge media depictions more negatively and less objectively, and so I took steps to monitor my feelings, attitudes, and biases when viewing these films and analyzing the data. The specific research practices employed to monitor my own subjectivity and to safeguard the trustworthiness of the findings have been discussed in Chapter III.

Summary

The purpose of this investigation was to examine images, stereotypes, and themes related to mental disorder in mainstream movies. Given its pervasiveness in contemporary society, film is an important media source to study. Robinson (2009) stated that “film is the world’s most popular art medium and arguably the most powerful” (p. 245). Movies can serve as people’s main source of exposure and information about mental disorder and mental-health treatment, too (Robinson, 2009). In light of the role films play in informing or misinforming viewing audiences, I contend that understanding filmic representation of mental disorder is relevant for the socially engaged counselor.

Contemporary depictions of mental disorder often are grounded in older artistic traditions and social history. In the review of the literature, I address these various historical and theoretical elements, present relevant media research, including Levers’ (1988, 2001) findings, and introduce the two viewing rubrics used in this study. In

chapter three, I provide an overview of the dissertation's research design, methods, and sample. The fourth chapter contains the filmography, the culminating product of this dissertation. The filmography, as indicated earlier, is more than a presentation of results, but an educational resource for counselors and counselor educators. I summarize and discuss this study's findings in the fifth and final chapter, where I also provide recommendations for future research in the area of mental disorder representation in film.

CHAPTER II: REVIEW OF THE LITERATURE

The main objective of this dissertation was to analyze depictions of mental disorder in American mainstream film from 1988 to present day, which contain scenes of psychiatric hospitalization. In this chapter, I address relevant historical, theoretical, and research findings that provided grounding and background for this project. I highlight findings from *Seeing the Insane*, Gilman's study on icons of madness in the pictorial arts; present media research on portrayals of mental illness; and introduce social constructionism within the framework of media representation. In addition, I present a brief overview on the history of madness, as contemporary images and messages often are situated in historic, cultural contexts (Gilman, 1982). I propose that some understanding of the history and treatment of mental disorder informs and enriches the interpretive process of analyzing media portrayals—analysis to shed light, not on the past, but on current societal attitudes and perceptions. As other writers have noted, studying media images of madness has been an excellent means for understanding societal attitudes on mental illness, knowledge which has direct relevancy to counselors and educators who wish to comprehend the media's oftentimes stigmatizing impact on their clients' lives (Fleming & Manvell, 1985; Hinshaw, 2007; Levers, 1988, 2001; Wahl, 2006).

History of Madness

Scholars of mental illness representation, whether in classical art or the media, have included commentary on the history of madness, or how mental disorders have been conceptualized and treated throughout time (Gilman, 1982; Fleming & Manvell, 1985; Hinshaw, 2007; Levers, 1988, 2001; Wahl, 2006). In his discussion on the reasons why

certain stereotypical images and beliefs about mental illness have persisted in the media, Wahl (2006) argued that media-makers have recycled centuries-old stories about madness, taken from Greek writing and Shakespeare, as well as have incorporated long-held views about mental disorder that have been part of our socialization process, namely through story-telling. Wahl (2006) wrote that society has passed along its understanding of the world to future generations through stories:

The mass media are the storytellers of today, and, as such, they function as a primary socializing agent, ensuring that all members of our society are given the information and taught the lessons that form the shared basis of our culture. Many media depictions .reflect attempts to convey to the public what is known or believed about mental disorder. (p. 121)

Fleming and Manvell (1985) stated that the main purpose of their study of depictions of mental illness in Hollywood film was to show how movies have reflected changing views of psychological theories and practices. The authors postulated that analyzing cinematic depictions of madness gave them a means for “understanding . . . how the popular conception of madness changes over time” (Fleming & Manvell, 1985, p.19). In addition, Fleming and Manvell (1985) claimed that media images and stories of mental disorder do not occur in a vacuum, but are artifacts of societal, cultural, and medical beliefs and contexts. Knowing the history and treatment of mental disorder helps viewers of classical art or contemporary film more fully understand the images and messages conveyed. For instance, a common stereotype of mental illness in the media is dangerousness (Anderson, 2003; Brown & Bradley, 2002; Camp et al., 2010; Hinshaw, 2007; Levers, 1988, 2001; Nairn, 2007; Nairn, Coverdale, & Coverdale, 2011; Sieff, 2003; Signorelli,

1989; U.S. Department of Health and Human Services, 1999; Wahl, 2006; Wahl et al., 2007). This stereotype may have emerged from centuries-old beliefs that people with mental disorder were possessed and capable of harming others (Fleming & Manvell, 1985; Hyler et al., 1991). In the following section, I highlight some of the broad themes in the history of madness.

Throughout time, Western societies have attributed a range of causal factors and circumstances to mental illness. In ancient times, people thought that possession by otherworldly forces and spirits led to madness, a belief that lingered for centuries (Fleming & Manvell, 1985; Hinshaw, 2007; Porter, 2002). Trepanation, an early form of psycho-surgery in which tiny holes were drilled or scraped into a person's skull, provided evidence for this belief. Archeologists have uncovered trepanned skulls that are over 5,000 years old (Fleming & Manvell, 1985; Porter, 2002). Scholars have believed that trepanation was done as a cure for madness, and that a healer would carry out this procedure in order to free evil spirits from a possessed or mad person (Fleming & Manvell, 1985; Porter, 2002). The Babylonians and Mesopotamians held that madness resulted from "spirit invasion, sorcery, demonic malice, the evil eye, or the breaking of taboos" (Porter, 2002, p. 12). Early societies also ascribed animalistic powers as sources of madness; possession by spiders and wolves could lead to disordered behavior (Hinshaw, 2007). In some ancient writings, madness was a form of providence or condemnation, and embedded in these stories of insanity were themes of "violence, grief, bloodlust, and cannibalism" (Porter, 2002, p. 12). The Bible has served as a record for ancient accounts of mental disorder, too. Passages from the Bible have documented instances of "trances, visions, convulsive seizures, self-inflicted flagellations,

hallucinations, and unusual and unspeakable acts” (Fleming & Manvell, 1985, p. 22). Explanations for these acts varied; in some circumstances, disordered behavior was revered, in others cast as deviant (Fleming & Manvell, 1985; Hinshaw, 2007). In the latter cases, societal reactions “led to a wide variety of exclusionary and punitive practices, including the prescription of death” (Hinshaw, 2007, p. 56).

Madness became rationalized with the ancient Greeks in the writings of Hippocrates, the Father of Medicine. “Hippocratic medicine naturalized madness, and so brought it down from the gods” (Porter, 2002, p. 16). Hippocrates conceptualized mental disorder as an imbalance of one of four bodily fluids or humors, those being blood, yellow bile, black bile, and phlegm, and imbalance of one of the four humors would alter a person’s mood, outward appearance, and activity level (Hinshaw, 2007; Porter, 2002). An overabundance of blood led to a sanguine personality; of phlegm, dullness; of yellow bile, anxiety; and of black bile, depression or melancholy (Hinshaw, 2007). Treatment of humoral imbalances included diet alterations, baths, blood-letting, stays at healing temples, and repose (Fleming & Manvell, 1985; Hinshaw, 2007). These progressive ideas and practices about mental disorder co-existed with the belief that the gods caused madness (Hinshaw, 2007). People with mental illness who did not find sanctuary with families or in temples were typically “stoned or murdered” (Hinshaw, 2007, p. 57). Some Roman treatments of madness were quite severe: Celsus, a Roman, recommended restrictions, darkness, shackles, and scare tactics to awaken a person’s loss of reason (Hinshaw, 2007).

Christianity influenced Western societal beliefs about madness. Europe, throughout the Middle Ages, conceptualized mental disorder in terms of demonic

possession, and that madness was a sign of moral weakness and sin (Hinshaw, 2007; Porter, 2002). Priests and monks cared for people with mental illness, and those afflicted often found refuge in monasteries (Hinshaw, 2007). Treatment included exorcisms, pilgrimages, and reading scripture (Hinshaw, 2007; Porter 2002). In addition, scholars have suggested that mental disorder as demonic possession fueled the witch-hunting practices in Europe (Hinshaw, 2007; Porter, 2002). Many thousands of people who were exterminated for being witches or heretics probably had mental illness or developed signs of mental distress from the torture associated with witch-hunting (Hinshaw, 2007).

Before the advent of asylums, people with mental disorders sought care from their families or were free to beg and roam as long as they were not a danger to the community (Fleming & Manvell, 1985). During the Renaissance, however, society started to isolate people with mental illness in almshouses and asylums (Hinshaw, 2007). Scholars claimed that efforts to house people who had mental disorders, as well as those who were simply poor, ill, infirmed, or criminal, had to do with social issues of population growth and poverty (Fleming & Manvell, 1985; Hinshaw, 2007). Foucault (1965) argued that such measures to isolate also had to do with societal ostracism. Leprosariums, institutions which once housed people with leprosy, now housed other types of societal outcasts, including people with mental illness (Foucault, 1965). The asylum became a powerful symbol of community exclusion; people with mental illness did not belong within the confines of everyday society (Fleming & Manvell, 1985). In addition, asylum attendants did not consider inmates to be fully human and provided them with little care; treatments included physical restraints, beatings, torture, and a host of other strange practices (Hinshaw, 2007). Cases of severe neglect and brutalization, including murder and rape,

have been documented (Showalter, 2008). In some institutions, such as England's Bethlehem Hospital, otherwise known as "Bedlam," visitors could pay a fee to see the inmates (Hinshaw, 2007; Porter, 2002). By exhibiting humans for a price, this practice degraded those institutionalized, turning the ward into a "human zoo or freak show" (Porter, 2002, p. 70).

The injustices of asylum care inspired revolution and reform in the late eighteenth-century, with such reformers as Phillipe Pinel, William Tuke, and Benjamin Rush (Hinshaw, 2007; Showalter, 2008). Pinel, who introduced "moral treatment," contended that "mental disorder affected individuals' moral (i.e., psychological, social) faculties without completely overwhelming their sense of reason. The person suffering from mental disturbance was therefore still fundamentally human" (Hinshaw, 2007, p. 66). In other words, people in asylums were not insensate animals in need of harsh measures of coercion and restraint. Rather, doctors of moral treatment believed patients benefited from "rest, recreation, and physical care in a healthy environment" (Fleming & Manvell, 1985, p. 24). Victorian values played into the concept of moral treatment. Showalter (2008) wrote that moral treatment, under the kindly, paternalistic care of the doctor, helped to rebuild in patients "habits of industry, self-control, moderation, and perseverance" (p. 29). Another component in moral treatment was the belief that the physical environment had a therapeutic role in patients' care (Showalter, 2008). Asylum construction and landscaping could foster healing and rehabilitation. The natural world in moral architecture had a restorative effect. "Hill, valley, wood, and garden were all intended to play a part in moral management" (Showalter, 2008, p. 36). Victorian doctors developed construction plans for asylums, paying "endless thought to asylum location,

interior design, and décor” (Showalter, 2008, p. 33). The mythical Victorian asylum atop a rolling green hill emerged from actual medical thinking.

Asylum numbers and patient populations increased in both Europe and the United States in the nineteenth and twentieth centuries (Hinshaw, 2007; Porter, 2002). In the United States, the establishment of asylums and institutions for the “insane” and “feeble-minded” in remote locations, often “a carriage’s ride from a metropolitan area,” had less to do with the principles of moral architecture than with segregating certain people from the rest of the population (Hinshaw, 2007, p. 68). This separation amounted to “banishment” of people with mental disabilities and disorders (Hinshaw, 2007, p. 68). The positivism of Victorian reforms ran its course (Showalter, 2008). Institutionalization, in its earliest formulations, again became a mechanism for isolation, separation, and darkness, fueling negative community perceptions (Hinshaw, 2007). Hinshaw (2007) wrote that “in conjunction with overcrowding, such isolation reinforced societal fears of the differences between the mentally ill and the rest of society” (p. 68).

Despite the decline of moral treatment, psychology and psychiatry grew in the nineteenth and twentieth centuries (Hinshaw, 2007). Pioneers in these fields, such as Sigmund Freud and Emil Krappelin, provided new theories for mental disorders, descriptive language to classify such disorders, and methods of treatment, such as psychoanalysis. Human experience, whether psychological or biological, mind or brain, replaced moral and supernatural determinants of madness (Hinshaw, 2007). New ideas about mind, brain, and behavior were not always positive ones.

Social Darwinism, and its impact on the thinking on the causation of mental disorder and disability, was a case in point. Darwinian psychiatrists, such as Henry

Maudsley, cast a pessimistic look at the source and treatment of mental illness (Showalter, 2008). “Darwinism emphasized the hereditary disposition to madness and the congenital inferiority of the insane—madness as the mark of the impotent and unfit, the sign of social, intellectual, and moral decline” (Showalter, 2008, p. 104). Madness was configured into people’s genetic code; those affected also appeared physically different. “The set of an ear, the shape of a brow, even the quiver of an eyebrow” could be interpreted as signs of insanity and degeneracy” (Showalter, 2008, p. 106). Degeneracy discourse in medical writings of the time was “also closely linked to class prejudice and to ideas of race superiority” (Showalter, 2008, p. 108). Societal concerns about the biological transmission of mental disability led to reproductive control measures, part of the Eugenics Movement (Hinshaw, 2007). In 1940, thirty states had passed measures “mandating sterilization for those with various forms of criminality . . . ‘idiocy’ and ‘imbecility’ related to mental retardation, and insanity in the form of serious mental illnesses” (Hinshaw, 2008, p. 76). Hinshaw (2007) noted that tens of thousands of individuals were sterilized in this country.

Various somatic or physical treatments for mental illness, including shock therapies and lobotomies, emerged in the early part of the twentieth century. Though not well researched or scientifically tested, shock therapies and psycho-surgery entered into mainstream medical practice (Valenstein, 1986). Indeed, Egas Moniz, the father of psychosurgery, won the Nobel Prize for Medicine (Valenstein, 1986). Doctors and families were willing to try these treatments; anti-depressants and anti-psychotic drugs were not available until the 1950s (Hinshaw, 2007; Valenstein, 1986). Overcrowded state

hospitals and dubious medical treatments set the stage for how mental disorder would be conceptualized in the 1960s.

The anti-establishment ethos of the 1960s influenced psychiatric and medical discourse. During the early part of the Sixties, sociologists and psychiatrists, including Erving Goffman, R.D. Laing, Thomas Szasz, and Thomas Scheff, highlighted the political and social dynamics behind mental illness diagnosis and treatment (Fleming & Manvell, 1985; Hinshaw, 2007). These writers challenged the psychiatric establishment's authority and practices, claiming that psychiatry "had become stagnant and dysfunctional and a political force that determined labels and treatment of those who were rule-breakers" (Fleming & Manvell, 1985, p. 50). These rule-breakers were people who failed to conform to societal expectations and norms (Fleming & Manvell, 1985). Psychiatric treatment became about social control and power. One avenue of challenging the power establishment was to advocate for other means of treatment for mental illness, including community care (Fleming & Manvell, 1985). Governmental support for community services and mental health reform became a reality during the 1960s, and patients began leaving state hospitals and institutions in droves (Hinshaw, 2007). Unfortunately, communities did not have the resources to serve and support this mass exodus, and many patients ended up on the streets or re-incarcerated, but this time, in jails and prisons (Hinshaw, 2007; Arboleda-Flórez, 2005). Approximately a third of all homeless individuals in major cities are estimated to have mental illness (Hinshaw, 2007).

No single unifying theory of mental illness exists today. Explanations for mental disturbance address a range of determinants, including family dynamics, developmental issues and crises, trauma, environmental conditioning, genetics, to name just a few.

While no one theory dominates, the biological basis for mental disturbance has gained momentum with recent advances in brain research, the proliferation of psychotropic medication, and the American Psychiatric Association's proposed definition of mental illness in the forthcoming *Diagnostic and Statistical Manual of Mental Disorder*, 5 (American Psychiatric Association, 2011; Hinshaw, 2007). Interestingly, through the study of madness, one can see that a biological explanation for mental disturbance is not new and did not originate with modern-day science—but with humorial medicine of the ancient Greeks (Hinshaw, 2007).

Iconography of Madness

Gilman's *Seeing the Insane* (1982) identified the pictorial beginnings of stereotypical depictions of madness through careful analysis of Western classical art and medical illustration from ancient times to the twentieth century. Gilman (1982) highlighted and categorized the images artists have relied upon for centuries to capture both the signs and symbols associated with mental distress. In the book's Preface, Gilman (1982) reflected on how life imitates art: "We learn to perceive the world through those cultural artifacts which preserve a society's stereotypes of its environment. We do not see the world, rather we are taught by representations of the world about us to conceive of it in a culturally acceptable manner" (Preface). By studying cultural artifacts, such as film, the viewer is able to learn how society perceives mental illness. The viewer also comes to appreciate the socially constructed nature of the images and descriptive language associated with such perceptions. Gilman (1982) asserted, "The statement that someone . . . 'looks crazy' reflects the visual stereotype which a culture creates for the 'other' out of an arbitrary complex of features" (p. xiii). This section touches on Gilman's analysis of

how artists, writers, doctors, and others have depicted and documented mental distress throughout time.

Gilman (1982) began his discussion by noting that the earliest renderings and references to madness were generally applied to a variety of societal outcasts:

This iconography was extended to all the figures associated with any divergence from society's accepted norms for sanity, whether the maniac, the idiot, the melancholic, the wild man, or the possessed. As the images of the madman evolved, aspects of the imagery of each group permeated the others, generating an interchangeable set of icons by which the insane were either observed or identified. (p. 2)

Gilman (1982) identified images and characteristics of animals, blackness, hairiness, nakedness, leaves, and dishevelment with people who were mad, foolish, or possessed. Ancient and medieval texts, including the Bible, have provided rich evidence of such depictions. In the Book of Daniel, for example, Nebuchadnezzar becomes mad and transforms into a hairy, feathered, clawed animal that eats grass (Gilman, 1982).

Blackness or darkness has been one of the most prevalent symbols for madness and melancholy in Western art (Gilman, 1982, 1985; Levers, 2006). Greek texts have served as early records of this symbolism. Aristotle, an ancient Greek philosopher, described the physical manifestations of humoral imbalances and their requisite impact on people's personalities; excessive black bile would make a person dark skinned and haired and mad (Gilman, 1982). This association continued through the Middle Ages. Ywain, in medieval legend, abandons his wife, is challenged by her maid, loses his sanity, and roams the forest like a wild man (Gilman, 1982). In one version of the legend,

Ywain was described as being black (Gilman, 1982). Black bile and melancholy have been associated with other symbols, too, including the season of autumn and the planet Saturn (Gilman, 1982). These symbols, in turn, have evolved into signifiers of mental disorder. For instance, a Renaissance-era diagnostic illustration showing lines on a forehead was used to detect the presence of black bile, as “a madman is seen as one whose forehead mirrors the dominance of Saturn” (Gilman, 1982, p. 5). In a sixteenth-century palmistry diagram, dominance of Saturn’s line indicated idiocy (Gilman, 1982).

Another recurring icon in medieval and Renaissance art was the staff of madness, a stick, club, cudgel, pinwheel, or branch that signifies madness, wildness, idiocy, possession, or folly (Gilman, 1982). Religious manuscripts in the fourteenth century have shown bare-chested fools or madmen carrying clubs and white discs (Gilman, 1982). In other texts and artistic works, the staff became bifurcated and the disc took on other shapes, such as a “small fool’s head” (Gilman, 1982, p. 7). In the fourteenth-century text, the *Bedford Book of Hours*, a madman was portrayed as wild, covered in leaves and hairy, and holding a large, staff-like branch (Gilman, 1982). The staff of madness emerged as a child’s toy in Hans Holbein the Younger’s sixteenth-century representation of a fool (Gilman, 1982). Here children taunt a disheveled, barely clothed fool, carrying a pinwheel and cudgel and missing a shoe; the fool’s hair is long and loose and covered in feathers (Gilman, 1982). In a seventeenth-century illustration, Giuseppe Mitelli depicted a long-haired madman, wearing mismatched clothes and holding pinwheels and fools’ bladders (Gilman, 1982). Also in the Mitelli illustration is a dog. The dog has been “associated with Saturn and melancholy—for the sensitive dog too can fall victim to

madness” (Gilman, 1982, p. 9). Dogs, as icons of sadness, appear in Lucas Cranach the Elder’s *Melancholy* (1532) and Albrecht Dürer’s *Melencolia I* (1514) (Gilman, 1982).

Gilman (1982) noted that the staff of madness also symbolized possession and witchcraft. In one of the earliest published images of witches in flight, a trio of witches sits on a forked staff (Gilman, 1982). Imbued with animalistic characteristics, they have human bodies but animal faces, including that of a bird and mule. In other pieces of art, the staff associated with possession was a broomstick or pitchfork (Gilman, 1982). The shared symbolism of the staff of madness with the witches’ broomstick connected mental disorder and evilness, a concept with historical roots as noted earlier in this chapter.

Gilman (1982) claimed that another important icon of madness was the “position of madness,” which has been one of grief or melancholy as evidenced in the “philosopher’s pose” (p. 12). Here, the figure draws inwards, oftentimes seated and hunched over with its head in its hands and downcast eyes (Gilman, 1982). Other times, the figure’s hands are hidden or clenched (Gilman, 1982). The position of melancholy has appeared in numerous classical artworks. Gilman (1982) highlighted Ripa’s *Melancholia* (1645) and Dürer’s *Melencolia I* (1514). In Ripa’s *Melancholia*, a seated figure has her hands to her face, cupping it as if needing to hold up the weight of her head. Other symbols of madness and melancholy occur in the work. The woman’s clothing is loose and ill-fitting, cross-hatching marks darken her face, and a bifurcated tree, as the staff of madness, stands behind her (Gilman, 1982). Some of the same symbols in Ripa’s piece materialize in Dürer’s sixteenth-century engraving, *Melencolia I*. Gilman (1982) observed that the main winged figure, who has leaves in her flowing hair, “is seated in the pensive position, her darkened face partially obscured by her clenched

fist” (p. 12). She props up her head in one of her hands. Flowing robes overwhelm her, metaphorically weighing her down. She also clutches, but does not use, calipers, representing the staff of madness (Gilman, 1982).

Another icon related to the representation and features of madness has been the expression of mania or ecstasy, as conceptualized in the position of the “arc de cercle” (Gilman, 1982, p. 21). Gilman clarified the differences between the positions of grief and mania in visual images. The melancholic figure is often subdued, seated, and self-contained, while the maniac’s posture is open, extended, contorted, and agitated (Gilman, 1982). The latter is a description of the arc de cercle. Gilman (1982) observed the arc de cercle position in Cibber’s *Raving Madness* (1680), one of two statues that once resided in the entrance of the infamous Bethlehem Hospital in England. The reclining, nearly nude figure in *Raving Madness* has his back arched, limbs bent, and hands clenched. His gaping mouth and enlarged eyes depict wildness and terror. Another example of the arc de cercle is Xavery’s *Two Madmen* (1673) (Gilman, 1982). In this terracotta statue, a pair of nearly naked “madmen” flails in a scene of torment. One figure, clenched-fisted and shackled in leg cuffs and heavy chains, bites and rips away at his twisted clothing, while the other figure assumes the arc de cercle (Gilman, 1982). The latter figure’s back is arched, his arms thrown behind him, and his mouth wide open as if screaming.

Classical depictions of melancholy and mania have been documented in early medical illustration. Gilman (1982) stated that “iconography of insanity is as much the iconography of medicine . . . [and that] visual representations of the insane in medical texts are identical with those in the fine and popular arts” (p. 21). An example of art’s influence on medicine occurred in a thirteenth-century medical document illustrating the

identification and treatment of mental disorders (Gilman, 1982). The four figures in the diagram represented classical depictions and symbols of madness, including the arc de cercle pose, nakedness, disheveled garments, clenched hands, hands to face, disheveled clothing, and the staff of madness (Gilman, 1982).

Within the oeuvre of medical illustration, studies on physiognomy, of facial expression, have contained written descriptions and illustrated examples of emotional states, including that of mental disorder (Gilman, 1982). Through the Renaissance, physiognomy was grounded in humorial theory, animal comparisons, and later anatomical investigations (Gilman, 1982). In the eighteenth-century, James Parsons lectured on the elements of expression, highlighting specific facial characteristics associated with certain emotions (Gilman, 1982). For instance, Parsons asserted that the facial representation of fear includes raised eyebrows, open eyes, and an open mouth (Gilman, 1982). Around the same time period, Johann Caspar Lavater published a multi-volume work on physiognomy, which included illustration of various “psychopathologies” (Gilman, 1982, p. 62). Lavater claimed that facial differences existed between the sane and insane, and a moral tone permeated some of his writing (Gilman, 1982). Gilman (1982) captured this tone in an excerpt from Lavater cataloging characteristics of “the idiotic” under the section on “weak, mad individuals” (p. 63). Lavater described their appearance as “indolent distortion, animalistic obtuseness, convulsive attitude, crooked smiles, inconstancy, indifferentiatedness, vacancy, looseness—the usual, most common, most evident signs of inherent and natural stupidity” (as cited in Gilman, 1982, p. 63). Lavater’s commentary was vague and not particularly objective concerning the physical components of facial expression. It also

conflated the clinical populations of those with mental disorders and cognitive impairments. Gilman (1982) discussed later artistic depictions of physiognomy, including Louis Léopold Boilly's nineteenth-century medical illustration of *Thirty-five Heads of Ill Persons*. In this work of physiognomy, a range of strange expressions indicated illness, rather than stable facial forms (Gilman, 1982). The bizarre, exaggerated faces depicted in *Thirty-five Heads* portray terror, grief, anger, disgust, and surprise. Specific facial details include raised or furrowed eyebrows, wide-open or tightly shut eyes, open mouths as if crying or screaming, frowning mouths, protruding tongues, crooked noses, to name just a few. The skulls in this plate are strangely shaped, too.

Analysis of skull shape and its association with mental disorder emerged in medical illustration, and Gilman (1982) highlighted the work of Phillipe Pinel, the nineteenth-century French asylum reformer, as an example. In *A Treatise on Insanity*, Pinel juxtaposed countenances and skulls of "normal," "idiotic," and manic individuals and explained the physical differences among subjects, noting lack of proportion, regularity, and expressiveness in the depiction of idiocy (Gilman, 1982). Like Lavater, Pinel discussed the appearance and etiology of idiocy in a pejorative manner (Gilman, 1982). Pinel's analysis on the skull of the maniac was provocative, too, in that he considered it closer to "normal" because it conformed more closely to the human ideal as represented by *Apollo Belvedere*, a sculpture from Greek antiquity (Gilman, 1982). Normalcy, here, was not based on the skulls of other humans but on a piece of classical art. Gilman (1982) concluded that "the analogy to the ideal proportions of the *Apollo Belvedere* and classical Greek sculpture in general placed the appearance of the insane on the plane of aesthetic perception" (p. 73).

The concept of physical differences in people with mental disorder continued in medical texts through the nineteenth-century (Gilman, 1982). Jean Etienne Dominique Esquirol, Pinel's student, wrote about the physical aspects of madness in the illustrated *Dictionary of Medical Sciences* (Gilman, 1982). The accompanying plates of patients with mental disorders contained classical icons of madness, such as clothing and hair in disarray and concealed hands (Gilman, 1982). Esquirol expanded his work to produce the first illustrated reference of representation of madness (Gilman, 1982). In this reference, Esquirol articulated physical characteristics of mental disorders. Gilman (1982) excerpted Esquirol's observations on the facial and bodily appearance of melancholy:

In person, the lypemaniac is lean and slender, his hair is black, and the hue of his countenance pale and sallow. The surface over the cheek bones is sometimes flushed, and the skin, brown, blackish, dry and scaly; whilst the nose is of a deep red color. The physiognomy is fixed and changeless; but the muscles of the face are in a state of convulsive tension, and express sadness, fear or terror; the eyes are motionless, and directed either towards the earth or to some distant point, and the look is askance, uneasy and suspicious. If the hands are not dried up, brown and earthy in their hue, they are swollen and livid. (p. 81)

This clinical account mentioned "blackness," a classical icon of madness. A projective quality emerged in the writing, too, in that the Esquirol inferred certain emotional qualities, such as worry or fear, based on outward appearances.

Charles Bell, a nineteenth-century anatomist, discussed the physical presentation of madness in medical literature as well. In *Essays on the Anatomy of Expression in Painting*, Bell wrote about the appearance of insanity in concrete terms (Gilman, 1982).

He noted certain qualities of skin, hair, face, and body-type, and activity level of people with mental disorder, many of which reference “classic theories of the appearance of the mentally ill,” such as having dark and sallow skin or animal characteristics (Gilman, 1982, p. 90). Like other writers, Bell took a judgmental tone in his account of the nature and appearance of madness. For instance, Bell contended that one consider an animal’s instincts when attempting to understand a person with mental disorder (Gilman, 1982).

To conclude this section on the iconography of madness, I discuss four depictions of mental institutions in classical art. The first two pieces portray scenes from “Bedlam,” the infamous mental hospital in England. *Bedlam*, an engraving by Bernard Lens and John Sturt, accompanied Jonathan Swift’s satirical work, *A Tale of a Tub* (1710) (Gilman, 1982). In the engraving, visitors peer through barred windows at patients on a ward in Bedlam (Gilman, 1982). The patients, who are either barely clothed or in tattered clothing, appear self-contained in their private realities, not interacting with one another or the visitors. The patient in the foreground is shackled at the hands and feet and almost naked; he is screaming and tossing the contents of his urine pot. The faces of the other patients are hard to discern, although one seems to be grimacing, his face asymmetrical and distorted. In terms of the physical space of the ward, the exterior windows are barred and high above the heads of the patients, affording little light in the long, tunnel-like cell. The interior windows are also barred, though lower, to accommodate the viewing public. No furniture or objects, other than beds of straw, pots, and chains, appear in the scene.

A similar scene of patients on display in Bedlam has been captured in William Hogarth’s famous eighteenth-century engraving, *A Rake’s Progress*, plate VIII (Gilman, 1982). In the foreground, two attendants restrain and shackle a nearly nude Rakewell.

Rakewell grimaces and his fists are tightened, one of which he holds to his head in a classical position of madness (Gilman, 1982). Around him are other patients, many of whom display or represent classical iconography of madness, such as dishevelment, nakedness, dark features, clenched or concealed hands, the staff of madness, and the position of grief (Gilman, 1982). The inmates' faces differ from the attendants and guests in that their facial features are distorted, asymmetrical, or animalistic. The physical layout of the ward depicts varying levels of confinement (Gilman, 1982). Off the main ward are separate cells or rooms with barred windows and stacks of hay, and bars from floor to ceiling conceal barely observable figures at the ward's far end. While the ward lacks furniture and seating, some inmates have personal objects, such as a large cross. The overall ethos of the place is one of chaos and despair.

Darkness and chaos reign in Francisco Goya's *Madhouse* (1810). Here, scantily clothed patients cluster together, sit alone, or gesticulate mindlessly in a barren room illuminated by a solitary barred window. Gilman (1982) connected the darkness of the ward with that of madness: He observed that the airy lightness above the huddled, shadowed patients creates a dismal, suffocating scene; the darkness of the asylum becomes the "blackness of madness" (Gilman, 1982, p. 129). While some patients are discernible, several are not. Many blend into the asylum walls, becoming dark shapes and silhouettes. Patients here lose themselves in the asylum landscape; perhaps Goya was communicating a loss of humanity or individuality within a "madhouse."

A lack of individuality also is apparent in Van Gogh's *Men's Ward at Arles* (1889). Van Gogh's sources of inspiration for this painting came from a Dostoevsky title, *Notes from the House of the Dead*, and his own hospitalizations (Gilman, 1982). Most

patients and the two nuns, as attendants, are faceless inhabitants in a ward lined with two rows of curtained beds. The scene is quiet, rather than chaotic; very little action takes place. In the *Men's Ward at Arles*, patients congregate around a stove, while two others stand and talk. Gilman (1982) noted that the figures are meant to represent the “daily existence of the inmates of the hospital. These are the quintessential inhabitants of the house of the dead, made dead because of forced inactivity” (p. 218). Van Gogh lamented, and actually wrote about, this lack of purposeful action on the ward (Gilman, 1982). While similarities exist among the four works depicting asylum or hospital scenes, Van Gogh's *Ward* differs in its humane living conditions. Instead of hay, patients have beds with bed-curtains for privacy, a source of heat, curtained windows, and furniture. While Spartan and still, the hospital scene rendered here appears to be, at the very least, a place for rest.

Whether it is a Van Gogh painting or a Dürer engraving, classical art depicting people or scenes of mental disorder informs contemporary audiences. By analyzing such images, as Sander Gilman did in *Seeing the Insane*, one can discern recurring patterns, motifs, and icons of madness. Such images and icons reveal societal perceptions about mental disorder, and their study becomes a kind of field work for better understanding how we understand, communicate, and construct the notion of “mental illness.”

Social Construction of Reality and Media Depictions

Social constructionism, a theory that states that reality is created through people's interpretation of experiences, not the experiences themselves, informed this research (Berger & Luckmann, 1971; Nairn, 2007). Social constructionism speaks to the dynamic and contextual nature of knowledge and experience, which are developed and sustained

through social interaction (Harper, 1995). The concept of mental illness, in such a paradigm, is a social construct dependent upon a confluence of historical, cultural, and political factors. The media reflects back and feeds into these constructivist forces (Camp et al., 2010; Nairn, Coverdale, & Claasen, 2006; Stout et al., 2004; Wilson et al., 1999b). One mechanism for doing so is through language.

Language plays an essential role in a social constructionist orientation (Nairn, 2007). Not just depictive of reality (Harper, 1995), language “is constitutive—our talk and communication creates the meanings that define reality” (Nairn, 2007, p. 139). Communication becomes the medium through which people learn, understand, and shape their social worlds. The scaffolding of this socialization process includes “discursive and semiotic resources—vocabulary, tropes, and narrative fragments” (Nairn, 2007, p. 139). For example, recent media research has identified common words used to describe mental disorder for readers and viewers, including “crazy, mad, nuts/nutter, demented, twisted, deranged, wacko, and psycho” (Nairn, 2007, 142). Such words construct mental illness in language that is negative and demeaning. Nairn (2007) wrote that “terms such as ‘madman’ and ‘loner’ and metaphors such as ‘time bomb’ are loaded with negative value from earlier uses” (Nairn, 2007, p. 142). Wahl (2006) spoke to the nature of language about mental illness in the media, too. Oftentimes, such language is insensitive and erroneous, such as when media-makers confuse the terms schizophrenia and multiple personality disorder (Wahl, 2006).

Along with language, visual imagery is a means by which mental disorder is socially constructed (Nairn, 2007). The iconography of madness has historic roots, as earlier noted in the discussion of Gilman’s scholarship on madness in the pictorial arts.

Historical images, such as darkness, dishevelment, and wildness, along with narrative elements, coalesce into a “cultural image bank” defining mental illness, which is “commonsensical” to lay persons (Nairn, 2007, p. 139). Nairn (2007) discussed the essential characteristics of mental illness representation in this image bank: “The most accessible elements in our bank of images of madness or mental illness are the identified characteristics of media depictions; violence, harm, bizarre and unpredictable acts, and forms of social incompetence” (p. 139). Within this repository, Nairn (2007) articulated five thematic categories. These categories included “animal(ity), damaged goods, incomplete, out of control, and possessed” (Nairn, 2007, p. 139). These categories constructed mental illness according to certain words, images, and themes—elements which have been identified and recycled in mainstream films portraying mental disorder (Levers, 1988, 2001; Wahl, 2006).

A relevant concept in this recycling of representation on mental illness is “intertextuality.” Nairn et al. (2011) defined intertextuality as the process by which “meanings accumulate and depictions cross-reference other images and texts” (p. 203). In this light, a contemporary depiction is not a static representation of an object, person, or place but a layered image with historical and cultural connotations. Nairn et al. (2011) continued, “intertextuality enables the phrase ‘maternal madness’ to be interpreted within a cultural history that includes ideas of (demonic) possession, Greek myths about the god-cursed mad . . . as well as the dangerousness of mad men and women” (p. 203). My familiarity with Gilman’s scholarship in *Seeing the Insane* and broad trends in the history of madness informed my intertextual analysis throughout this project.

Researchers have identified various discursive and technical resources employed in the construction of madness in the media (Camp et al., 2010; Nairn et al., 2011; Wilson, Nairn, Coverdale, & Panapa, 1999a; Wilson et al., 1999b). Camp, Webster, Coverdale, Coverdale, and Nairn's (2010) analysis of the Joker in the film *The Dark Knight* provides an illustrative example. Camp et al. (2010) highlighted recent research indicating that the media portray people with mental illness as not being fully human and do so by a process of "othering" (p. 145). People with mental illness appear and behaved differently than "normal" individuals (Camp et al., 2010). The media rely on a repertoire of resources and practices to construct this persona and these differences. Some of these resources include language, appearance, behavior, intertextuality, sound and musical score, light effects, and camera shots (Camp et al., 2010). The Joker's portrayal of mental illness is constructed through several of these resources. To begin, language in the movie identifies the Joker as abnormal and mentally disordered with the use of terms such as "freak . . . clown . . . terrorist . . . strange . . . mad man . . . mad dog . . . [and] murdering psychopath" as well as with allusions to "madness" (as cited in Camp et al., 2010, p. 146). Another character in the movie is referred to as "a paranoid schizophrenic . . . the kind of mind that the Joker attracts" (as cited in Camp et al., 2010, p. 146). The film-makers portrayed the Joker as freakish and menacing through the use of costume and make-up. Throughout the film, the Joker dresses in frumpy, lurid-colored outfits and paints his face like a clown, including wearing red lipstick that spreads beyond his scarred mouth (Camp et al., 2010). Two characters talk about the Joker's make-up, saying that he wears it to frighten other people and that "the Joker's as crazy as they say" (as cited in Camp et al., 2010, p. 147). The inspiration behind the Joker's make-up was

Francis Bacon's disquieting painting, *The Screaming Pope*, an example of intertextuality (Camp et al., 2010). The Joker also makes abnormal gestures with his mouth and tongue, perhaps recalling the neurological disorder associated with anti-psychotic use, tardive dyskinesia (Camp et al., 2010). In addition, his behavior is deviant, erratic, dangerous, and violent—all stereotypes of media depictions of mental illness (Camp et al., 2010). The Joker murders people, sets fires and explosions, barks and snarls like a dog, displays inappropriate affect, talks to himself, and exhibits suicidal actions (Camp et al., 2010).

Technical devices construct the Joker as a disturbing, mentally disordered individual. Lighting intensifies the Joker's presence in the film, such as when, during an encounter with Batman, bright lighting electrifies the Joker's strange-colored clothing and hair (Camp et al., 2010). Moreover, the musical score associated with the Joker contains two discordant notes strung on a cello (Camp et al., 2010). The film's director referred to the score as music of madness (Camp et al., 2010). The sound effects of snarling Rottweilers, as well as the Joker's own vocal barks, engender an atmosphere of danger and violence (Camp et al., 2010). Intertextuality occurs here in that the Joker becomes a "mad dog," or animalistic, a classical icon of madness (Camp et al., 2010, p. 148; Gilman, 1985). Camp et al. (2010) added that the "mad dog," as an intertextual device, "references an actual gangster, Mad Dog Coll (1930s), countless other senselessly violent men, and the eponymous rabid dogs, thus adding layers to the construction of the Joker as wild, an animal, and devoid of empathy" (p. 148).

In addition to lighting and sound, intercutting and jump-cutting, two kinds of camera shots, construct the Joker as unpredictable and threatening (Camp et al., 2010). Intercutting shows "repeated cuts between concurrent actions or storylines within a

narrative; increases the pace, provides information from one situation important in understanding another, builds suspense and climaxes” (Camp et al., 2010, p. 147). An instance of intercutting occurs when the camera jumps from a hostage scene to one with a confrontation between Joker and Batman (Camp et al., 2010). These scene shifts create “a sense of menace, strangeness, and power” associated with the Joker’s actions (Camp et al., 2010, p. 147). Jump-cutting also plays a part in the construction of the Joker’s character. This filmic device is when “a shot does not match the preceding one; experienced as a disruption of space and/or time” (Camp et al., 2010, p. 147). Jump-cutting appears throughout the film, such as in the bank robbery scene, producing a “sense of uncertainty or instability by distorting and disrupting the scenes” (Camp et al., 2010, p. 146). Such instability can create anxiety and confusion in viewers and act synergistically with other filmic qualities to establish the Joker as mentally disordered and dangerous.

Researchers have documented the construction of mental disorder in other media genres (Nairn, 2007; Wilson et al., 1999b). For example, in a discursive analysis of characters on prime-time television, Wilson, Nairn, Coverdale, and Panapa (1999b) uncovered ten themes associated with the construction of mental disorder. Wilson et al. (1999b) defined a theme “as a pattern or interpretive repertoire . . . a cluster of mutually consistent discursive resources; words, images, and storylines” (p. 234). The ten thematic depictions, listed according to frequency of appearance, included “dangerous-aggressive, simple/childlike, unpredictability, failures/unproductive, asocial, vulnerability, dangerous-incompetence, untrustworthy, caring/empathetic, and social outcast” (pp. 235-236). Wilson et al. (1999b) described each of these themes in detail; the following is a

summary of their findings: Characters depicted as dangerous-aggressive are violent, intimidating, socially deviant, and sometimes cast as villainous; they hurt themselves or others. Simple-childlike characters are unable to function maturely or understand social codes. They may speak childishly, such as singing a nursery rhyme. Other characters may patronize or condescend to them. The unpredictability theme points to behavior that is not rationale or socially appropriate. Those who are cast as failures/unproductive are not successful in everyday living or are idle. They do not work or have meaningful personal relationships. Characters without mental illness are depicted as engaged, industrious, and successful by comparison. The theme of “asocial” shows people with mental disorder as social outcasts, as not having a lasting or meaningful place in the community. With no personal identity other than having a mental disorder and a lack of social connections, the character can be relegated to a “plot device” (Wilson et al., 1999b, p. 235). Characters thematically cast as vulnerable are powerless and easily exploited by others. The theme of dangerousness-incompetence depicts people with mental disorder as lacking the ability to care for themselves, and thus threatening or compromising community welfare. Driving dangerously is an example of this theme. An untrustworthy individual behaves in a deceptive and deceitful manner and may lie, cheat, or steal. The caring/empathetic theme casts people with mental illness as kind-hearted and other-oriented, sometimes with “childlike directness,” such as giving someone chocolate (Wilson et al., 1999b, p. 236). Though positive, this was not a commonly used theme. Lastly, according to the social outcast theme, society spurns people with mental disorder, considering them “dirty, evil, or bad” (Wilson et al., 1999b, p. 236). Several of these themes correlate, or overlap in meaning, with the stereotypes listed on Levers’ viewing rubric on thematic portrayals

of psychiatric disability. The following are pairs of stereotypes, which overlap thematically, from Levers (2001) (listed first) and Wilson et al. (1999b):

- dangerous correlates with dangerous-aggressive, untrustworthy, and unpredictable;
- objects of violence correlates with vulnerability;
- as atmosphere correlates with asocial;
- pitiable/pathetic correlates with failures/unproductive and simple/childlike;
- asexual or sexually deviant correlates with social outcast;
- incapable correlates with failures/unproductive and dangerous-incompetence;
- comic figures correlates with simple/childlike;
- own worst or only enemy correlates with dangerous-incompetence; and
- burdens correlates with failures/unproductive and dangerous-incompetence.

Levers' (1988, 2001) findings regarding these stereotypes, as well as other filmic analyses, are discussed in further detail below.

Filmic Depictions of Mental Disorder

Researchers have examined media portrayals of mental disorder in film from various perspectives, and I highlight some of these scholarly findings in this section. Levers (1988, 2001) documented the frequency and occurrence of historic icons of madness, as identified by Gilman (1982), and stereotypes of psychological disability in 21 Hollywood movies. She provided context and theoretical grounding for her research through a discussion of Gilman's (1982) study of the iconography of madness in classical art, previous research on stereotypes of disability, and the historical and philosophical conceptualization of psychological disability as social deviancy, as articulated by Michel

Foucault and Thomas Szasz. As mentioned in Chapter I, Levers created rubrics for identifying icons of madness and thematic portrayals of psychiatric disability. The iconography rubric contained a fascinating and varied list of symbols: “lighted window/door; seated; cage; held/guided by warders; staff; eyes cast down; music icon; restrained; hiding hands; Ship of Fools/confinement; clothes in disarray; naked; facial expression of fear; chained; straightjacket; and tearing hair” (Levers, 2001, Table 2).

Levers’ second rubric for analyzing depictions of psychiatric disability focused on the identification of thematic stereotypes of disability as articulated by Biklen & Bogdan (1977) and positive disability portrayals as described in a resource guide developed by the Institute for Information Studies (1979). People interested in reading excerpts from the guide should see Levers (1988). Biklen and Bogdan’s (1977) ten disability stereotypes cast characters as “dangerous; objects of violence; atmosphere; pitiable and pathetic; asexual or sexually deviant; incapable; comic figures; their own worst or only enemy; ‘super-crips,’ and burdens” (Levers, 2001, “Stereotypes,” para. 1). These stereotypes still have currency today, as similar themes appear in more contemporary scholarship (Haller, 2000; Hartnett, 2000; Safran, 1998; Whittington-Walsh, 2002). In her research, Levers (1988, 2001) also discussed the Institute for Information Studies’ (1979) media recommendations for positive portrayals of people with disabilities. These depictions framed individuals with mental illness as whole people, capable of full lives: Characters “interact as equals; have insight into societal barriers; have complex relationships; are part of the mainstream; [and] can have loving relationships” (Levers, 2001, “Stereotypes,” para. 1). As with the negative stereotypes listed above, positive portrayals of disability in the media have been identified and discussed in more recent

research (Safran, 1998; Wolfson & Norden, 2000). Wolfson and Norden (2000) found that some filmic depictions of people with disabilities, starting in the 1970s, have portrayed characters as dealing with a range of life situations, not just disability status, such as “pursuing a career, fighting for social justice, sexually expressing oneself, simply getting on with everyday life” (p. 299).

The third dimension in Levers’ (1988, 2001) research was narrative commentary rich with descriptive details. Her earlier research (1988) culminated in a filmography, which is a resource for anyone interested in an in-depth analysis of psychiatric disability stereotypes and visual representation of mental disorder in mainstream film. Some of the narrative details captured in the commentary include the film’s setting, score, sound effects, and plot summary. Levers (2001) posed questions in her narrative analysis, as well. For instance, the author asked whether “the musical score or other sound effects, such as screams or sirens, contribute to communication of stereotypes” (Levers, 2001, “Structured Narrative,” para. 1).

Levers (1988, 2001) uncovered all 37 icons of madness, as articulated in the viewing rubric, but one (rats). The five most frequently occurring icons included “lighted window/door; seated; cage; held/guided by warders; and staff (long stick)” (Levers, 2001, Table 2). Additional icons of madness were identified, ones not originally listed on the viewing rubric. Several of these new icons supported a “pathological” or “medicalized” stereotype of psychiatric disability (Levers, 2001, “Results,” para. 2). The most frequently occurring medical icons associated with psychiatric disability in film were “hospital white; bandages; wheel chairs; glazed stare; locked doors/keys; gurney; and hospital technology” (Levers, 2001, Table 3). Taking in account both sets of data,

hospital white was the most frequently occurring icon among all identified, as originally noted on the rubric and those newly discovered (Levers, 1988, 2001). Levers (1988, 2001) grouped all icons according to stereotypes noted on the stereotypes/thematic portrayals viewing rubric, too. This categorization informed my own analysis regarding the depiction of stereotypes according to the occurrence of specific icons.

The iconography of madness identified in the films perpetuated disability stereotypes, especially the “dangerous” or “object of violence” stereotypes (Levers, 2001, “Discussion,” para. 1). All disability stereotypes and positive portrayals, as articulated on the stereotypes viewing rubric, were identified in the research (Levers, 1988, 2001). It should be noted, however, that positive portrayals occurred in only three of the 21 films viewed (Levers, 2001, “Results,” para. 5). In addition, Levers (2001) identified two new stereotypes in her analysis, that of the “artistic/creative genius” and “pathological” (“Results,” para. 2). She observed that medically themed icons and language referring to sickness often accompanied the mentally ill/pathological stereotype (Levers, 1988, 2001). In Chapter IV’s filmography, I document these connections when discussing the pathological stereotype, as well. Levers (2001) summarized her findings on disability stereotypes:

Persons with a psychiatric disability are largely depicted as dangerous on the one hand or as passive objects of violence on the other, as medically pathological, and as pathetic or comical figures, whose stereotypical representations in most films seems crucial to establishing a pathological or deviant atmosphere. . . . These portrayals of ‘madness’ are not necessarily or even usually reflective of reality of a psychiatric impairment; however, they are significant in considering the

powerful impact which such stereotypical filmic images may have upon the viewer. (“Discussion,” para. 1)

Levers’ (1988, 2001) research demonstrated that historic representations of mental disorder, some of which are recycled from ancient times, live on in contemporary media, such as film. Such iconography also supports the persistence of long-held stereotypes of disabilities.

Additional research on filmic portrayals of mental disorder supported Levers’ findings. Hyler et al. (1991) identified and discussed six stereotypes of mental illness in film. Characters stereotyped as “rebellious free spirits” are often cast “as clowns, buffoons, or harmless eccentrics who escape the bonds of traditional society by gaining their freedom from an institution”; Randall McMurphy in *One Flew over the Cuckoo’s Nest* is such a character (Hyler et al., 1991, p. 1044). A second stereotype is the “homicidal maniac,” a long-standing depiction in many Hollywood films, such as in *Psycho* and *Halloween* (Hyler et al., 1991, p. 1045; Wahl, 2006). Hyler et al. (1991) observed that female characters with mental illness are often portrayed as hypersexual, citing *Lilith* and *Dressed to Kill* as examples. Characters as “enlightened members of society” depict people with mental disorders as misunderstood artists who take on the mental-health system (Hyler et al., 1991, p. 1046). Another filmic stereotype is that of the “narcissistic parasite,” who, like characters in Woody Allen movies, are affluent, self-absorbed people who spend their time in therapy obsessing over mundane details of their lives (Hyler et al., 1991, p. 1046). The authors wrote that “nowhere in the portrayal of these patients is there a suggestion of any diagnosable mental disorder, or even true suffering, distress, or disability” (Hyler et al., 1991, p. 1046).

Fleming and Manvell (1985) investigated depictions of madness in mainstream American film in their scholarly monograph and filmography, *Images of Madness: The Portrayal of Insanity in the Feature Film*. The authors analyzed films from the 1920s through the 1980s containing portrayals of mental disorder and categorized such depictions thematically. Chapters were organized around identified themes, including “Society and Madness; Possession and Madness; Eros and Madness; War and Madness; Drugs and Madness; Paranoia and Madness; Sanity and Madness; Madness and Sanity; and Madness and the Psychiatrist” (Fleming & Manvell, 1985). A major premise of this study was that thematic depictions of mental disorder in film resonated with dominant motifs and interpretations in the psychological literature of the time period in which the film was made and released (Fleming & Manvell, 1985). For example, the “Society and Madness” chapter addressed the cinematic portrayal of mental illness and psychiatric hospitalization through the lens of societal responsibility and concern. Fleming and Manvell (1985) asserted that *The Snake Pit* (1948) reflected the societal alarm of the 1940s regarding the conditions of overcrowded mental institutions, as well as the then contemporary discourse about various physical treatments for mental illness. The film depicts the harrowing conditions of a young woman in a psychiatric hospital, including the use of restraining devices, electroshock treatment, and hydrotherapy (Fleming & Manvell, 1985). Fleming and Manvell (1985) noted that the press was writing about overcrowding and other ills in mental hospitals during this time period, and that the psychiatric literature contained references espousing the therapeutic use of treatments, such as hydrotherapy. In this study’s analysis on the depictions of mental disorder in films, I, too, comment on historic connections with psychiatric history and treatment.

In the next chapter, I provide an overview of the study's design and methodology. I situate the discussion within a qualitative-research paradigm, as the purpose of this project aligns with such a paradigm and a constructivist orientation. In addition, I introduce the films in the study's sample by providing excerpted plot summaries.

CHAPTER III: METHODOLOGY

Portrayals of mental disorder in film are socially constructed products (Nairn, 2007) and come to function as “human traces” or evidence of societal attitudes and beliefs (Berg, 2007, p. 239). As discussed in the first two chapters of this study, the majority of these constructed depictions continue to communicate powerful, negative stereotypes. Film, as textual data, is an unobtrusive measure well suited for the analysis of stereotypes (Levers, 1988, 2001; Wahl, 2006). The person-on-the-street may not reveal directly, or articulate with any depth, stereotypes about mental disorder. Studying film provides a means for accessing these social perceptions. Berg (2007) wrote that unobtrusive measures, such as observation, provide access into social realms that may be difficult to investigate by other means. This chapter contains an overview of the study’s research design and methodology, including the unobtrusive measures of observation and content analysis, all framed within the context of a qualitative research paradigm.

Qualitative Research Paradigm

Glesne (2006) claimed that one of the purposes of qualitative research is to learn about social phenomena, not make generalizations and causal conclusions. This project was aligned with this general purpose, as I investigated the phenomena of societal attitudes and beliefs about mental disorder as rendered in recent movies. The phenomena studied were social constructions, and as such, aligned with qualitative research ontological and epistemological perspectives (Glesne, 2006). More specifically, these constructions were complex, variable products of our social worlds, and that understanding such constructions required a holistic, multi-faceted investigative approach. Qualitative methods, including observation and textual analysis, provided the

tools for such an investigation. Instead of the formulation of hypotheses and experimental variables, I posed research questions situated in theory and research findings. For instance, images of madness have historical roots in classical art and medical illustration, as documented in Gilman's (1982) scholarship. Also, the media has perpetuated stereotypes about mental illness by portraying characters with mental disorder in inaccurate ways. Many media analyses have recorded these occurrences. The theoretical and research grounding for this project has been discussed in Chapter II. In addition, as a qualitative study, this dissertation produced, rather than confirmed, hypotheses (Levers, 2008). Potential hypotheses for future research have been proposed in Chapter V.

The values of quantitative research are not directly applicable to those in qualitative paradigms (Glesne, 2006). As mentioned above, I did not attempt to generalize the study's findings nor prove the validity of results in statistically significant measures—traditional cynosures of “quality” scientific work. As a qualitative researcher, I pursued similar standards of reliability and validity through other means, such as through triangulation and rigor, thereby producing quality research results.

The study's design addressed the concepts of trustworthiness, triangulation, and rigor. Trustworthiness is “a construct that is parallel to the reliability and validity measures necessitated in statistical research” (Levers, 2009, p. 427). Trustworthy findings are the products of careful, systematic, and rigorous collection and analytic methods and strategies. In order to maximize trustworthiness, the design of this study incorporated methodological and analytical triangulation. Triangulation is the act of using multiple sources of data collection, analysis, researchers, and so forth in order to strengthen research findings (Glesne, 2006). Analytical triangulation occurred in this research

through the reflexive nature of observation, recording, and interpretation of data; linkages with theoretical assumptions; and review of findings and interpretations with other scholars, including the faculty advisors associated with the project. Moreover, this study included multiple methods for gathering and analyzing data, including observation, field notes, content analyses, and a structured narrative. In discussing the use of multiple methods, Berg (2007) wrote, “the important feature of triangulation is not the simple combination of different kinds of data but the attempt to relate them so as to counteract the threats to validity identified in each” (p. 7). Supplementing narrative discussion with “objective” content analyses was a means for meaningful triangulation of methods.

Rigor is another important concept in the establishment of sound qualitative research. I established rigor by designing research protocols that were logical and could be replicated (Berg, 2007). By creating clear, systematic data collection and analysis procedures, I provide future researchers opportunities to replicate similar studies. What is more, well-defined procedures also permit a coherent review of findings. My objective was to produce credible results. As such, I continually reflected on the decisions made and steps involved in the data collection and analysis portions of this dissertation. I highlight these steps in later sections and in Chapter V, so as to give interested readers information on how conclusions were drawn.

Research Methods

The three research methods in this study included observation, content analysis, and multiple case studies. Active observation of mainstream films comprised the field work in this investigation. Taking field notes was an essential task in the observation stage. Field notes served multiple functions. Berg (2007) conceptualized these functions

by articulating three different kinds of notes, “detailed descriptions, analytic notes, and subjective reflections” (pp. 198-199). In my own process of taking field notes, I formulated my written responses according to these categories. First, I took copious notes on a laptop computer during the viewing of a film. These notes captured specific, observable details regarding the film’s plot, characters, setting, and dialogue. I wrote in a fragmentary style in order to move quickly and maintain close attention to the film. Second, I captured analytic notes or initial interpretations about the film’s content. For instance, I wrote “dangerous” as an analytical note after documenting the appearance of a character with a mental disorder throwing a dinner plate at an elderly housekeeper. Third, I recorded my own subjective reflections about my experience of a film, if and when they occurred. As a qualitative researcher, I was the main instrument in the research (Glesne, 2006). The data filtered through me, and I was cognizant of the influence of subjectivity. Being unaware of my own feelings and reactions could have impeded accurate observation. Writing “personal memos” provided a checking mechanism for personal biases. Moreover, in order to maintain clarity in the documentation of actual content verses my own analytical and personal commentary, I bracketed analytical and subjective observations in the field notes.

Content analysis was another research method used in this study. Berg (2007) defined content analysis as “a careful, detailed, systematic examination and interpretation of a particular body of material in an effort to identify patterns, themes, biases, and meanings” (pp. 303-304). This investigation included two formal content analysis instruments, the Icons of Mental Disorder and the Thematic Portrayals of Mental Disorder (Levers, 1988, 2001). Language used in these rubrics was excerpted from

Levers' (2001) research. As addressed in Chapter II, Levers (1988, 2001) developed the Iconography of Madness rubric through the analysis of Gilman's scholarship on images of madness in classical art, and then used it in her own investigations on depictions of psychological disability in Hollywood film. Levers uncovered additional icons, many of which had a medical/pathological theme. For my own research purposes, I combined the initial list of icons and the ones that emerged from Levers' (1988, 2001) studies. The Icons of Madness viewing rubric contains 61 icons listed in a table (see Appendix A). For each film in this study, I recorded the occurrence and frequency of each icon, as well as noted new icons not listed on the rubric.

The Thematic Portrayals of Mental Disorder viewing rubric, the second content analysis instrument originally developed by Levers (1988, 2001), included stereotypes and positive portrayals associated with mental disorder (see Appendix B). I updated the rubric by adding the stereotypes discovered in Levers' (1988, 2001) research. The rubric was formatted as a table with columns labeled, "Image" and "Speech." The "image" category captured visual representations of a given theme, either as a specific object (paintbrush) or a character's actions (painting). My objective was to record the appearance and frequency of language, images, and actions or behaviors associated with the stereotypes and positive portrayals listed on the viewing rubric. A related grouping of images and speech examples was the means by which stereotypes and positive portrayals were identified. I read the original sources informing the creation of these thematic categories and so was familiar and fluent in my appraisal of visual and verbal content.

This content analysis data provided "objective" evidence to corroborate interpretive analysis. However, content analysis in this project transcended descriptive

statistics. I was interested in more than the numerical results of the analyses but the meaning behind the words, images, and actions, a distinction Berg (2007) addressed. Altheide (1987) claimed that traditional content analysis could be a qualitative analytic method, renaming it “ethnographic content analysis,” when reflexivity is part of the process (p. 65). Altheide (1987) clarified that ethnographic content analysis “consists of reflexive movement between concept development, sampling, data collection, data coding, data analysis, and interpretation. The aim is to be systematic and analytic, but not rigid” (p. 68). In this study, I strove for such reflexivity by permitting fluidity between data collection and analysis.

Each film in this project represented a case study. Berg (2007) defined a case study as a method designed to examine systematically a particular phenomenon in order to describe and understand it. Case study research covers depth over breadth. Berg (2007) wrote, “extremely rich, detailed, and in-depth information characterize the type of information gathered in a case study” (p. 283). Schwing, LaFollette, Steinfeldt, and Wong (2011) noted that case study analysis provides opportunities to discover “what is both common and particular about cases” (p. 53). I commented on similarities and differences among characters in the case studies in Chapter V. For each case study, I wrote a “structured narrative” assimilating content analysis results, interpretive findings, and basic information about the film (Levers, 2001, “Structured Narrative,” para. 1). The purposes of the structured narrative were to document, analyze, synthesize, and summarize the data discovered in the viewing of these films in order to arrive at a deep understanding of depictions of mental disorder in contemporary film. The written narrative followed a protocol to include the following: title of the film; production

credits; plot and character summaries; results of content analyses; and interpretation of content analysis results using specific textual evidence to support claims. The final outcome of all case studies was a filmography.

Purposeful Sample

American mainstream movies released from 1988 to 2010 comprised the study's sample. This was a purposeful sample; I selected films that targeted large, general audiences and also aligned with Levers' (1998, 2001) earlier research. After discussing my sampling plans on multiple occasions with the chair of this dissertation, I sought professional advice regarding searching for films with scenes of mental hospitalization. I spoke with two faculty members at Washington & Jefferson College as the first step in the search process. One of the professors taught courses in film, the other in psychology; both were familiar with film resources. I arrived with questions and took notes in these meetings. One professor showed me online search techniques. From these conversations, I discovered two informative websites, the Internet Movie Database, www.imdb.com, and Psychflix.com, www.psychflix.com. Searching by theme or using keywords such as "psychiatric hospital," "mental hospital," and "asylum," I identified dozens of possible sample choices. I filtered general searches by date and country of release and then read movie synopses or reviews to determine relevancy. Reference to psychiatric or mental hospitalization or institutionalization in a synopsis or review was an essential selection criterion. As mentioned in Chapter I, documentaries, art/experimental, foreign, animated, and horror or "slasher" films were eliminated from the sample. The Internet Movie Database website and *Leonard Martin's 2012 Movie Guide* provided studio information, country of origin, and genre classifications, which allowed me to further refine my

sample pool. The chair of this dissertation provided me with a list of recommend titles to review, too.

The second stage of the selection process involved the viewing of films to evaluate their appropriateness for inclusion in the study. I obtained films as DVDs through www.netflix.com or by borrowing them from colleagues or the library. Data collection was not part of the preview stage. In terms of determining suitability, movies had to contain a scene of psychiatric hospitalization and depict a character with mental disorder. I eliminated films that had one but not both criteria. I searched for one of the following when determining whether a character had a mental disorder: self- or other-identification as having a mental illness through the use of diagnostic labels or lay references to mental illness or by means of setting and context, such as a character appearing as a patient in a mental hospital. The study's sample appears below, along with excerpted plot summaries from Maltin (2012):

Rain Man (1988) C-133m. D: Barry Levinson. Young, self-centered hotshot goes home to the Midwest for his father's funeral, and learns not only that he's been cut out of his inheritance, but that he has a grown brother who's autistic, and who's been kept in an institution for most of his life. The balance of the film details the growing relationship between the two men. Top-drawer performances from Hoffman, as the idiot savant, and Cruise, as his selfish sibling, make this a must-see, even though the story meanders and becomes predictable. Director Levinson is the psychiatrist near the end. [R]. (p. 1133)

Fisher King, The (1991) C-137m. D: Terry Gilliam. Expansive, emotional fable of a smart-aleck, self-absorbed radio personality driven into a deep funk by an

unexpected tragedy—and his unlikely rescue by a strange street vigilante who's in desperate need of rescue himself. Unusual and absorbing, both comic and tender, this takes the viewer on quite a journey. Ruehl won Best Supporting Actress Oscar as Bridges' girlfriend. [R]. (p. 464)

Benny & Joon (1993) C-98m. D: Jeremiah Chechik. Sweet-natured film about put-upon auto mechanic Quinn, who tries to look after his mentally ill sister. Almost accidentally he stumbles onto the perfect companion for her: a male misfit who sees himself as a reincarnation of Buster Keaton. Endearing performances put over this fable, which otherwise would strain all credibility. Depp is impressive as he recreates silent-comedy routines by Chaplin, Keaton, et al. [PG]. (p.111)

Mr. Jones (1993) C-114m. D: Mike Figgis. A manic depressive and a shrink on the rebound have a professionally taboo romance. Gere's behavior—bounding on stage during a concert, tightrope-walking a high construction beam—turns this into THE JESTER OF TIDES. Gere is OK; Olin gives an awkward performance and is horribly lit. [R]. (p. 946)

[12] *Twelve Monkeys* (1995) C-131m. D: Terry Gilliam. In the bleak world of the near-future, a prisoner is sent back in time to the 1990s to discover the source of a plague that killed billions and forced society to move underground. Plays with present/past/future tense in ways both clever and confusing; the kind of movie that leaves you with plenty to talk about afterward. [R]. (p. 1463)

Don Juan DeMarco (1995) C-97m. D: Jeremy Leven. Psychotherapist on the verge of retirement becomes entranced with a new patient, a fervent young man

who believes he is the world's greatest lover. Fanciful story (by director Leven) is made compulsively watchable by its stars: Brando, compelling as ever, Depp, hypnotically believable, and Dunaway, a delightful match for Brandon, as his wife. Ill-fated Tejano singer Selena appears in the opening scene. [PG-13]. (p. 370)

Sling Blade (1996) C-134m. D: Billy Bob Thornton. Fascinating portrait of a mentally deficient man sprung from prison 20 years after killing his mother and her boyfriend; now he attempts to blend into "real-life," helped by a boy who befriends him. Incredibly controlled performance by Thornton (who also wrote and directed) anchors this long but rewarding tale, which leads to a somewhat inevitable finale. Young Black is exceptional as Thornton's new friend, country singer Yoakam is first-rate as a short-fused bully, and Ritter is terrific in a most unusual part. [R]. (p. 1271)

Girl, Interrupted (1999) C-127m. D: James Mangold. Vivid adaptation of Susanna Kaysen's autobiographical book (set in the late 1960s) about a girl who enters a mental institution at the age of 18, thinking she's normal compared to most of the others—though she did try to kill herself. Jolie is incandescent in an Oscar-winning performance as the firebrand of the ward, who like most of the others, hides her true emotions. [R]. (p. 528)

Quills (2000) C-123m. D: Philip Kaufman. The Marquis de Sade (Rush, in a delicious performance) is imprisoned in a French asylum, and a laundress (Winslet) smuggles his notorious manuscripts to an eager publisher. When this proves to be an embarrassment to Napoleon, a brutal doctor (Caine) is dispatched

to keep him in line. Handsome, witty, and ribald . . . then it turns grim and nasty, leaving a bad taste behind. [R]. (p. 1128)

A Beautiful Mind (2001) C-135m. D: Ron Howard. Unusual story “inspired by incidents” in the life of John Nash, a brilliant West Virginia mathematician who flowers at Princeton in the late 1940s and then goes to work at M.I.T. But his marriage and sanity are put to a painful test. Central story twist is a doozy—and completely unexpected. Crowe is excellent as usual, and the film offers an overdue showcase for Connelly, as the student who becomes his wife. [PG-13]. (p. 100)

K-PAX (2001) C-120m. D: Iain Softley. A nutcase is brought to a N.Y.C. mental institution, claiming to be a visitor from the advanced planet K-Pax. Psychiatrist Bridges tries to figure him out, but begins to wonder if the guy isn’t telling the truth. Is this movie a warm, fuzzy wish-fulfillment fantasy or a psychiatric case study? [P-13]. (p. 762)

Changeling (2008) C-141m. D: Clint Eastwood. The disappearance of a 9-year-old boy in 1928 L.A. pits his distraught mother (Jolie) against the crushingly corrupt police force, which can’t afford more bad publicity. Her refusal to be hushed comes at a shocking price to her safety and sanity—but ultimately she finds powerful friends. Then the case expands with the discovery of a serial killer. Incredible story is all true, as documented by screenwriter J. Michael Straczynski. Jolie is superb as the long-suffering heroine of this remarkable tale. Intense, often tough to stomach, but scrupulously filmed by Eastwood. [R]. (p. 232)

It's Kind of a Funny Story (2010) C-101m. D: Anna Boden, Ryan Fleck. Stressed-out 16-year-old considers suicide but checks himself into a mental ward at the local hospital instead. There he's mentored by a savvy patient (Galifianakis) and develops a crush on a smart girl his own age (Roberts). What's more, he begins to see that he's not nearly as bad off as he thought. [PG-13]. (p. 705)

Shutter Island (2010) C-138m. D: Martin Scorsese. In 1954, federal marshal DiCaprio and his new partner (Ruffalo) take a ferry to a remote island, off the coast of Boston, to investigate the disappearance of a violent patient from an asylum for the criminally insane. The place is creepy and its staff secretive and strange, which only makes things worse for DiCaprio, who has a personal agenda. Nothing is what it seems in this portentous production, and the "big reveal" may well make the whole thing pointless. [R]. (p. 1250)

Procedures

Data collection in this study followed a series of procedural steps. To begin the process, I obtained a movie by borrowing a DVD from a colleague or through my personal membership with Netflix.com. I watched each film twice in my own home where I controlled the environment for optimum viewing conditions. I had my laptop, blank sheets of paper, pencils, and the two viewing rubrics on hand during the observation stages. During the first viewing of the film, I took detailed field notes, analytical comments, and subjective reflections on a laptop computer. I repeatedly used the pause and re-wind functions on the DVD remote control to watch scenes multiple times to ensure the accuracy of my observation of filmic content. Using the content analysis instruments, I tracked icons of madness, as well as images and speech associated

with stereotypes and positive portrayals of mental disorder, during the second viewing of each movie. I documented multiple instances of icons by noting hash-marks on the content analysis rubric and listed new icons, if they materialized, below the table. I recorded icons as they appeared mainly within scenes of psychiatric hospitalization, unless the icons were particularly figural or meaningful in a non-hospital scene. In addition to using hash-marks to record the appearance of stereotypes and positive portrayals, I noted the respective textual examples of images and speech in the white space on the rubric. Next to each example, I wrote (I) for image and (S) for speech. By doing this, I was able to double-check the accuracy of my hash-marks.

After completing the observation stages, I read the results of the content analyses, entered those results into electronically stored Excel spreadsheets, and re-wrote my field notes into a preliminary narrative. In terms of entering data in the Thematic Portrayals of Mental Disorder spreadsheet, I summed the total number of images and speech acts (for each stereotype and positive portrayal) to obtain total frequencies of appearance. The first draft served as the foundation for the structured narrative, or case study. The second re-write commenced the analytical portion of the research.

Data Analysis

Data collection and analysis were related endeavors in this investigation—a common condition in qualitative research (Levers et al., 2008). Levers et al. (2008) wrote that qualitative “analysis is a highly iterative and recursive process that typically begins with data collection, continues through interpretation and discussion phases, and maintains a fluid interrelationship throughout (“Data Analysis,” para. 1). An example of the confluence of data collection and analysis in this study occurred during the

identification and documentation of images and speech associated with the stereotypes and positive portrayals on the Thematic Portrayals of Mental Disorder viewing rubric. These elements (words, images, and actions) were not identified in advance of watching the films; it would have been impossible to do so. As such, I maintained an openness to the content that emerges from the data. Such receptivity, however, required critical decision-making on my part. During the observation stage, I made interpretive decisions regarding the categorical fit of particular words, images, and actions according to specific stereotypes and positive portrayals and documented evidence from the films to support such decisions. The identification of icons of madness required less interpretation, however, as most icons were concrete objects or actions, which either appeared or did not in a movie.

Much of the analysis in this study happened through writing. The first draft of the structured narrative organized the content to be analyzed. A reflexive period followed, in which I returned to the data. I reflected on my field notes; re-examined content analyses; and re-read portions of background research and literature, such as Levers' (1988, 2001) excerpted definitions of thematic stereotypes and positive portrayals; and consulted with colleagues. In addition, I revisited segments of the film being analyzed if I had questions or concerns about the accuracy of my observations. I interrogated findings continually by reviewing the nature and quality of the supporting evidence, too. The end result of the data analysis was to produce findings that were rigorous, trustworthy, and meaningful.

Limitations

Limitations in this study involved the interpretive dimension of the research, limits of generalizability because of a non-randomized sample, and the viewing rubrics'

lack of standardization. I addressed the interpretive nature of the data collection and analysis processes, namely through methodological and analytical triangulation, use of evidence, and the monitoring of personal reactions and feelings. The sample was created to best serve the research agenda of the study. It was purposeful and small, as most samples are in case-study research, and directed toward depth of understanding. Generalizing findings was not possible, nor appropriate, as an outcome of this investigation. Quantitative-oriented researchers may find this problematic. Finally, the instruments used in this study were not standardized. Neither rubric has been vetted through traditional experimental processes to determine statistical characteristics, such as reliability. However, the instruments were theoretically sound, based on relevant research, as discussed Chapter II. In the following chapter, I present the study's results in the form of a filmography.

CHAPTER IV: FINDINGS

This chapter presents the dissertation's investigative findings in the form of a filmography, comprised of multiple case studies. A filmography groups films around a common theme (Levers, 1988). In this study, the central theme is the depiction of mental disorder within scenes of psychiatric hospitalization or institutionalization with medical or psychiatric care. All films reviewed contain mental hospital/institutional settings, as well as characters defined or described as having mental illness.

Each case study begins on a new page and follows a general organization of content and findings. I present the films in chronological order. The organizational framework includes the film's title and credits, narrative summary, listings of content analysis findings, and interpretive commentary. I credit the Internet Movie Database website (www.imdb.com) as a primary source for production and actor information and clarification of character names. In addition, the interpretive portion of each case contains specific textual examples from the film to support and extend the content analyses. I discuss all cases and analytical results in tabular and written form in Chapter V.

To the reader: I have elected to include dialogue and narrative details in the following cases which some readers may find objectionable. I have done so as I believe that the provision of unaltered, direct quotes and storylines more fully demonstrates how characters with mental disorder are depicted, treated, and understood within these films. Derogatory phrases become more powerful, offensive, and demeaning when paired with expletives—a kind of verbal violence occurs. In addition, I assert that the inclusion of base language and narrative examples lends support for certain analytical conclusions drawn regarding stereotypical portrayals of mental illness.

***Rain Man* (1988, United Artists)**

In *Rain Man*, Charlie Babbitt, a fast-talking luxury car salesman played by Tom Cruise, discovers he has a brother with autism, Raymond, after venturing back home to attend their father's funeral. Their father left his monetary estate to Raymond, played by Dustin Hoffman. Charlie kidnaps Raymond from the mental institution in which he resides and takes him home to Los Angeles with the intention of suing Raymond's guardian, Dr. Bruner, for Raymond's custody and part of their father's estate. Along the way, Charlie bonds with his brother, eventually relinquishing his fight for money and custody.

The film opens with a hazy view of downtown Los Angeles. Charlie Babbitt negotiates on the phone with the Environmental Protection Agency over the stalled the sale of four Lamborghinis. He also bosses around Lenny, an employee, and Susanna, his girlfriend, regarding the sale of the cars, commanding Lenny to bend the facts regarding the cars' emission inspections. After settling matters, he and Susanna leave the garage to take a vacation at Palm Springs.

Charlie learns of his father's death on the way. He does not appear distraught, as he had been estranged from his father for many years. He discloses to Susanna that his mother died when he was two. The funeral gathering back home in Ohio is small; Susanna waits in the car during the service.

Afterward, Charlie visits his father's attorney to discuss the contents of the will. Before going into his father's home to speak with the attorney, Charlie shows Susanna one of his father's prized possessions, a Buick Roadmaster convertible, a car Charlie drove only once, and without his father's permission. Charlie's father called the police on

his son for taking the car without his permission, and a police officer apprehended Charlie and his friends. His father did not post bail for his son, and so Charlie spent two days in jail for his actions. Charlie left home after the incident, which still pains him.

That evening, Charlie's attorney reads a letter Charlie's father wrote to him. He laments his son's hard-hearted unwillingness to communicate with him. He wishes his son well in life and wills him the infamous Roadmaster and his prize rose bushes. The attorney apprises Charlie that the entire estate, worth three million dollars, will go into a trust fund for an unnamed beneficiary. Charlie presses the attorney to identify the beneficiary; he refuses. Charlie expresses rage and resentment over his father's actions.

Charlie visits a bank and smooth-talks an employee to learn the identity of the beneficiary. With this information, he and Susanna drive to the tree-lined Wallbrook Institute, a mental institution with psychiatric care. While driving along the Institute's entranceway, he asks a young man, presumably a patient, if they are at Wallbrook. The man does not respond to Charlie.

A Wallbrook staff member, wearing an identification card and navy suit, greets Charlie and Susanna in the Institute's lobby, which has dark-wood trim and a crystal chandelier. While waiting for the doctor, Charlie and Susanna walk down one of the hallways. Small, framed pieces of art hang on the walls. The two enter a common room where several patients watch a game show on television. Patient art and comfortable furnishings like rocking chair and quilt create a homey space. The patients, dressed in street clothes, watch quietly. One young man, whose facial features indicate that he may have Down Syndrome, enters the room, politely moving past Susanna and Charlie, and says, "Excuse me."

Patients engage in music therapy in an adjoining room, a space brightly decorated with more patient art and reading materials. A music therapist sings, and a patient plays piano with gusto. An attendant helps one patient examine an object in his hands. Another patient, listening to music with headphones, snaps his fingers.

Dr. Bruner speaks with Charlie in his office. The doctor discloses that he is the manager of the trust fund bequeathed to Raymond. Charlie vents his frustration about the circumstances, and the doctor states that he accepted the trusteeship out of loyalty to Charlie's father, having known the deceased man for decades. Dr. Bruner attempts to empathize with Charlie, too. He acknowledges how Charlie probably feels "cheated out of [his] birthright by a man who had difficulty showing love." Charlie says he will contest the will's decision.

Meanwhile Raymond, who has discovered the parked Buick Roadmaster in front of the hospital, gets inside the car and sits in the driver's seat. Susanna, waiting in the passenger seat, gently admonishes Raymond for getting into her boyfriend's car. Raymond insists the Roadmaster is his car, and that he drives it on the driveway on Saturdays. Raymond takes a photo of the driving wheel as he speaks. His speech is clipped, monotone, and deliberate; he repeats himself. Raymond's speech is one of the ways in which the film depicts autism.

Charlie approaches and claps his hands at Raymond, demanding he step out of the car. Speaking to himself, Raymond states that the Roadmaster's interior was originally brown, not red. This fact is true, and Charlie immediately jumps out of the car, inquiring about Raymond's knowledge of it. Raymond reveals the names of his parents. Charlie learns, to his complete surprise, that Raymond is his brother. Raymond looks down at his

watch, notices the time, and walks away as *The People's Court* is about air. He continues to talk to himself, repeating phrases, as he heads back inside. Dr. Bruner, standing on the front steps, confirms that Raymond is Charlie's brother.

While Raymond watches television, Charlie and Dr. Bruner converse about Raymond. Charlie asks if he is "crazy" or "retarded." Dr. Bruner informs Charlie that Raymond is an "autistic savant," adding he has "high functioning autism," a condition which includes "deficiencies and abilities." The doctor goes on to explain characteristics of autism, including difficulties with communication and emotional expression. Dr. Bruner continues, "There are dangers everywhere for Raymond . . . [he uses] rituals and routines to protect himself." Charlie is angry that no one told him about his brother. He asks the doctor about Raymond's response to inheriting three million dollars. Dr. Bruner notes that Raymond "does not understand the concept of money."

Later, Charlie looks through Raymond's belongings in Raymond's room. Raymond paces and repetitively repeats the Abbot and Costello lines of the "Who's on first?" skit to calm himself. Vern, a staff member, speaks with Charlie and Susanna. Raymond's room appears comfortable and personalized with baseball mementos, stickers, and shelves of books, the contents of which he has read and memorized. Raymond becomes agitated when Charlie removes a book from one of the shelves. He steps out of the room, rocks, and exclaims, "This is an unannounced visit, Vern." Vern comforts Raymond with a smile and kind words; he also reassures Susanna, who states that Raymond pulled away from her when she touched him. Vern explains that physical touch "is not in him" and that "people are not his first priority." He makes these observations matter-of-factly, without a judgmental tone.

Charlie requests to take Raymond on a walk; at first, Raymond does not want to leave because *Jeopardy* is soon to air in “twenty-six minutes.” Raymond puts on a backpack, and the three leave the Institute. Charlie asks Susanna to drive the car to the entrance and wait for them. When Raymond turns to go back inside, Charlie instructs him “to just stay there” and then claps his hands to encourage his brother to come forward.

Charlie and Raymond walk to and sit by a duck pond. Charlie shares the news of their father’s passing and suggests they travel to Los Angeles to watch a baseball game. Raymond responds with in-depth knowledge of the baseball’s team playing schedule. Charlie directs Raymond away from the pond, and the two walk off the Institute’s grounds. Raymond walks stiffly and with his head tilted. Charlie, Raymond, and Susanna depart Ohio for California. He lies to Susanna by telling her that Dr. Bruner suggested that Raymond travel to Los Angeles with Charlie.

The three stop at a luxury hotel for the evening. Raymond carries his backpack close to his chest and speaks anxiously about the foreign surroundings. In flat, repetitive statements, he observes how the hotel room differs from the one at Wallbrook. Back in Ohio, his bed resides next to the window, and dinner occurs at 6:30 p.m., with tapioca served for dessert. Raymond knocks over a lamp, and his agitation and disorientation escalate. He does not understand that he needs to pick up the lamp and cries out about the situation. Susanna comes to Raymond’s assistance and helps him get situated, while his brother calls his business partner. Raymond repeats generic studio lines verbatim from *The Wheel of Fortune*, puts markers in a cup on an end of table, and opens up a notebook. Charlie purchases pizza for dinner as Wallbrook serves Italian food on Monday nights.

Later that evening, Raymond enters Charlie and Susanna's room, sits down on their bed, and watches television, while Charlie and Susanna make love. Susanna notices Raymond's presence, and Charlie orders him out of the room. She encourages Charlie to reassure his brother, who, according to Susanna, is probably frightened about being in a hotel. Charlie speaks with his brother harshly and tells him "mind his own business" and "to go to sleep."

Charlie admits the truth to Susanna: He is kidnapping Raymond as bribery for part of his father's inheritance. Infuriated by his actions, Susanna charges Charlie with "using" people and storms out of the hotel room in the middle of the night. Raymond rocks on his bed and repetitively speaks to himself.

The following morning, Raymond and Charlie go to a diner for breakfast. With his head tilted, Raymond rocks in his seat and talks to himself. His brother hushes him when a waitress approaches. After reading her nametag, Raymond rattles off her home telephone number correctly. Charlie gave Raymond the telephone book to read the night before. Apparently Raymond read and memorized the contents of the directory. Raymond's photographic memory, a savant skill, amazes Charlie. His amazement quickly turns to frustration, however, as Raymond anxiously expresses his desire for toothpicks and maple syrup on the table before the pancakes are served. Charlie grabs Raymond by the neck and orders him "to stop acting like a fucking retard." Raymond yells, "Ow!" He writes about being hurt in a spiral-bound notebook.

While Raymond eats pieces of pancake with a toothpick, Charlie speaks with Dr. Bruner on the phone. He asks Dr. Bruner for one and a half million dollars, half of the inheritance amount, in exchange for Raymond. Dr. Bruner does not agree to Charlie's

request and insists that Charlie bring Raymond back to Wallbrook. Charlie threatens to take the doctor to court, after he puts Raymond in an institution in California. Charlie notices that Raymond dropped a piece of pancake on the floor. As if speaking with a child, he orders Raymond not to pick it up.

Raymond meanwhile walks around the restaurant with a piece of pancake on a toothpick. Charlie brusquely asks a waitress to get his brother more toothpicks. She does so, dropping a box, and Raymond correctly counts the number on the floor. Counting appears to be another one of Raymond's savant skills.

In the car on their way to the airport, Raymond repeats a radio show catch phrase and call number over and over again. Charlie looks fatigued by his brother's talk. At the airport, Charlie speaks with Lenny on a pay phone while Raymond watches television. Charlie directs Raymond through the terminal by clapping, snapping his fingers, and pulling Raymond's backpack. Raymond spies an airplane through one of the terminal windows and grows agitated. He does not want to fly and recalls random dates of airplane crashes. Charlie becomes impatient with his brother and demands they board the plane. Raymond starts screaming and banging his head with his hands. Charlie attempts to calm his brother by telling him that they will drive to California instead. He then whacks his suitcase hard, stating "You tire me, Ray You're killing me, man."

A night-time car accident along the highway interrupts their cross-country drive. Police officers direct traffic, and an ambulance's lights flash. The sights and sounds of the scene unnerve Raymond. He gets out the car, walks past the wreckage and police and ambulance personnel, and stands on the side of the road. Charlie orders him to get back into the car. Raymond refuses to do so, believing the highway unsafe for travel. His

brother agrees to drive the car behind Raymond until they reach the nearest exit ramp, at which time, Raymond will get back in the car. He promises not to drive on highways for the remainder of the trip. Charlie exclaims to himself, “This guy is a fucking fruitcake.”

A rainstorm further delays their trip, as Raymond does not go outside when it rains. Stuck inside a hotel room in Missouri, Raymond watches television, draws, and drinks apple juice from a juice box. Charlie makes business-related calls and watches the rain from the doorway. Raymond informs Charlie that he eats fish sticks and green Jell-O for lunch on Wednesdays. While frustrated with his brother’s strict adherence to schedules and routines, he ventures out into the rain to buy his brother fish sticks.

Charlie fails to curb his frustration later when he discovers that Raymond is not wearing any underwear. Raymond refuses to wear Charlie’s type of underwear, preferring to wear K-mart brand boxer shorts with his name stitched inside. Charlie stops the car in the middle of the road, leaps out, and rages about his brother’s inflexibility. He yells, “I think this autism is a bunch of shit You can’t tell me that you are not in there somewhere.” Raymond does not stop talking about getting his underwear at K-mart. Charlie declares they need to visit a “psychiatrist” for professional assistance.

The two stop in a small town, looking for a “shrink.” While Charlie calls a doctor’s office at a payphone, his brother disappears. Charlie searches for his missing brother. Raymond meanwhile holds up traffic by standing in the middle of a crosswalk after reading, “Don’t walk.” A car honks and its driver yells, “Hey dipshit, move it,” to encourage Raymond to cross the street. Raymond holds a hand over one of his ears, not moving out of harm’s way.

Charlie finally locates Raymond and leads him across the street and to a family doctor's office. Raymond takes a photograph of the floor while they wait. A nurse, dressed in a traditional white uniform, mispronounces "autism." Unfamiliar with the condition, she asks Charlie, "He's artistic?" She continues, "What's wrong with him?" Charlie informs her that Raymond has autism and "lives in a world of his own."

The doctor, who acknowledges not being a psychiatrist, shares his knowledge of autism with Charlie. He declares Raymond's "brain does not work like other people's" and that he (Charlie) needs to be patient with his brother. Having heard Raymond is "good with numbers," the doctor takes out a calculator and asks Raymond to compute difficult math problems, such finding the square root of 2,130. Raymond provides the correct answers, but does not know how much change would remain if a person spent 50 cents out of a dollar or the price of a candy bar. He states a candy bar costs about a hundred dollars. Based on Raymond's responses, the doctor describes Raymond as "high functioning," which is a "good" thing, given that "most autistics cannot speak or communicate."

Charlie and Raymond stop for the evening at a small motel, and there, Charlie learns more about his brother's identity and past. He asks Raymond to stop brushing his teeth to talk to him about how he solved the math problems at the doctor's office. When Raymond does not stop brushing, Charlie takes the brush away and unknowingly calls him "Rain Man." Raymond makes Charlie aware of his slip of the tongue. Charlie always believed the "Rain Man" was an imaginary friend, someone who calmed him as a boy. The Rain Main was actually his older brother, Raymond.

Raymond brings Charlie a photograph of the two of them, folded and wrinkled from years of carrying it with him. Charlie recalls that Raymond sang to him, and Raymond begins singing one of the songs. The warm moment ends abruptly after Charlie turns on the hot water tap in the bathtub. Seeing the hot water, Raymond screams, pounds his head, pulls the taps on the wall, gasping, “Hot water burn baby!” Charlie realizes that Raymond was institutionalized for accidentally burning him as a baby. Charlie calms his brother, reassuring him that he is not burned. Raymond pats Charlie on the head and whispers to himself. The childhood photo lays in the bathwater. Charlie tucks Raymond into bed like a child.

The following day, the brothers stop at a coin Laundromat. Charlie observes that Raymond prefers to watch the laundry tumble in the dryer rather than the mini television he just purchased for him. Outside, Charlie speaks with his business associate on a payphone and learns bad news: The associate had to sell the Lamborghinis to pay off a loan, and the prospective buyers want their deposits back, which totals eighty thousand dollars, money Charlie does not have. The two get back on the road.

Raymond demonstrates his savant memory skills in a scene in which he correctly names the titles of songs and their identification numbers on a tabletop music box. An idea comes to Charlie about how to earn some quick money. Outside the restaurant, he teaches his brother how to count cards. The two then set off for Las Vegas. On the way, Charlie instructs Raymond on the basics of playing cards, underscoring the need never to share with casino staff that he (Raymond) counts cards. Charlie pawns his watch, so the brothers can purchase custom-made suites and get haircuts.

Raymond and Charlie enter a casino and play several hands of Black Jack. Raymond and Charlie rack up piles of chips, winnings totaling over 80 thousand dollars, enough money to pay off Charlie's debts. Patrons gather around the table in awe. Casino security guards grow suspicious and start monitoring the brothers' actions. Their winning trend comes to an end after Raymond becomes distracted by a spinning Roulette wheel. Later at a bar, Raymond tells a woman, who tries to proposition him, that he and his brother count cards. The woman leaves abruptly after Raymond asks her if "she takes prescription medication."

Raymond and Charlie check into a luxury suite for the evening. The brothers bond when Charlie teaches Raymond how to dance. Raymond allows Charlie to touch him and direct him on how to move to the music. When he hugs Raymond after the song ends, Raymond screams out loud. His brother's inability to receive affection through hugging discourages Charlie.

Susanna pays Charlie and Raymond a surprise visit at the hotel. The three go downstairs, as Raymond believes the woman who propositioned him earlier will return for "their date." She does not, and Susanna and Raymond go back to the hotel room, while Charlie speaks with the casino's security staff. Susanna and Raymond dance in an elevator. She kisses him, and he says the kiss felt "wet." A security staff member confronts Charlie for counting cards and suggests he and Raymond depart the state with their earnings as soon as possible. Before leaving the casino, Charlie allows Raymond to drive the Roadmaster around the hotel's entrance.

The brothers finally reach Charlie's home in Los Angeles. They watch a video of Abbott and Costello's "Who's on First" skit. Later, Charlie meets with Dr. Bruner, who

has flown to California to participate in Raymond's custody hearing. Dr. Bruner stresses the seriousness of Raymond's guardianship, as Raymond is a "gravely disabled individual." He also shares his commitment to taking care of Raymond, offering Charlie \$250,000 to stop pursuing custody of his brother. Charlie declines the offer; it is not about "the money" anymore.

Back at Charlie's home, Raymond attempts to make pancakes for breakfast. Unable to open the toaster oven door, he leaves food in the oven, which burns and sets off a fire alarm. The alarm's noise and smoke overwhelm Raymond. He frantically attempts to escape the apartment, but cannot open the locked door. He slams himself against the door instead. Charlie races to the kitchen and dislodges the alarm from the ceiling. Raymond runs out of the room, grasping his hands to his head. He self-soothes by talking to himself.

After a pleasant pancake breakfast at a restaurant—where Raymond observes that Charlie told a "joke"—Raymond and Charlie meet with Dr. Bruner and another psychiatrist to discuss Raymond's custody. The consulting doctor's role is to make a recommendation to a court regarding Raymond's custody. The psychiatrist questions Raymond about his activities during the past week. Raymond tells the doctor he counted cards in Las Vegas, danced with his brother, kissed a woman, and drove a car. The doctor asks Charlie if Raymond experienced any "emotional outbursts." Charlie becomes highly defensive and claims his rights to be with Raymond. Dr. Bruner notes that Raymond is not capable of "being in a relationship with him." The consulting doctor observes that a week ago Charlie "kidnapped" Raymond and now has newfound "devotion" for his brother. Charlie challenges the doctor, stating that Raymond is capable of making his

own decisions, such as determining where he wants to live. With that, the consulting doctor asks Raymond if he wants to live in Los Angeles with Charlie or return to Wallbrook. Raymond answers affirmatively, “yeah,” to both options. In light of Raymond’s responses, Charlie decides to return Raymond to Wallbrook. He tells Raymond he likes having him as his “big brother” and kisses him on the head. Charlie rests his head momentarily on his brother’s head.

Later, Charlie brings Raymond to an Amtrak station, where Dr. Bruner waits to accompany Raymond back to Ohio. Charlie promises to visit Raymond in a couple of weeks. His farewell wishes are warm; his desire to have a relationship with his brother appears genuine.

The following icons appeared in the film:

Icons	Frequency
Hand grasped to face	6
Clenched fists	3
Hidden hands	1
Seated	3
Musical icon	5
Dance icon	3
Held/guided by warder	2
Facial expression of terror	2
Lighted window/door	4
Shaft of light	1
Flailing limbs	3
Confinement	1
Hospital white	3
Wheelchair	2
Glazed stare	5
Art icon	7
Playing cards	3
Hospital technology	1
Playing games	2
Reading, book	1
Rain	1
Rocking chair	1

Alarm	1
Ambulance	1
Shuffling	1

Additional icons not listed on the rubric appeared in the film:

Television	20
Trophy	1
Writing, notebook	3

The following stereotypes of mental disorder occurred in the film:

Stereotype	Image	Speech
Dangerous	-	1
Object of violence	2	2
As atmosphere	6	-
Pitiable and pathetic	4	-
Asexual	2	2
Incapable	9	10
Own worst enemy	2	1
Super-crip	7	7
Burden	6	7
Mentally ill/pathological	15	11
Artistic genius	1	-

The following positive portrayals occurred in the film:

Positive Portrayal	Image	Speech
Part of the mainstream	1	1

The film provides a reasonably accurate clinical portrayal of a person with autism. Raymond displays a range of signs and symptoms often associated with the disorder. He has difficulties with interpersonal communication, expression of feelings, and sensory experiences. Understanding social codes is another challenge, as well as adapting to new circumstances and environments. Routines and schedules anchor Raymond's daily existence, and the movie shows how important order and compliance to routine are to Raymond's peace of mind. Common among individuals on the autism spectrum are

preoccupations and fixed interests. The movie depicts some of Raymond's interests in television shows, baseball, and trivia.

Raymond's "autistic" behavior in the film, however, activates stereotypical portrayals of mental disorder, including the mentally ill/pathological, incapable, and burden stereotypes. To begin, diagnostic and descriptive language cues the mentally ill stereotype with words and phrases like "autistic," "autistic savant," "having deficiencies," having something "wrong with him," needing a "psychiatrist," and being a "gravely disabled individual." Charlie brings Raymond to a doctor for consultation, who, wearing a hospital white coat, examines Raymond in a typical examining room adorned with medical accoutrements. He informs Charlie that Raymond's brain is "abnormal." In addition, Raymond rocks; talks and whispers to himself; repeats and parrots phrases, sometimes for long periods of time; finds enjoyment in activities like reading a telephone directory or watching laundry spin in dryer; and does not follow typical social conventions, such as using utensils to eat food, preferring toothpicks instead.

Raymond can be seen as being incapable, too. Other characters speak about Raymond's struggles with daily living and social engagement. According to Dr. Bruner, Raymond lacks the capacity to make decisions about his living arrangements or have relationships with other people. When educating Charlie about his brother's condition, the doctor tells him that Raymond probably does not "understand his own emotions," struggles with communication, learning, and self-expression, and "does not understand the concept of money." Raymond does not know what to do when he knocks a lamp to the floor; he cries about the situation, but does not act. He cannot open a toaster oven door or a screen door with a chain lock. Raymond stops in the middle of a cross-walk

when he reads, “Don’t walk,” on the street sign—not understanding that he should cross the street to get out of harm’s way. Moreover, Raymond struggles to converse in a reciprocal, socially appropriate manner with characters throughout the film. When Charlie informs him of their father’s death, he shows no emotion, nor comments on it. He speaks about baseball instead. Furthermore, he cannot articulate where he wants to reside, answering all of the consulting doctor’s questions with, “yeah.”

The burden and pitiable/pathetic stereotypes of mental disorder occur in the movie. Regarding his guardianship of Raymond, Dr. Bruner shares he “took on this burden out of loyalty” to Charlie’s father. Raymond’s deep need for order and routine initially tire Charlie. Charlie learns quickly how Raymond becomes anxious and agitated when he is unable to follow his schedule. To this end, Charlie attempts to fulfill Raymond’s daily needs. For example, he moves Raymond’s beds (in the various hotel rooms) next to windows, as his bed at Wallbrook resides next to a window. He procures specific foods, including fish sticks, Jell-O, and apple juice in boxes, for Raymond’s meals. He successfully gains entrance into a stranger’s home so Raymond can watch *The People’s Court* at a certain time of day. Charlie makes concessions regarding their cross-country trip to ease Raymond’s anxiety about highway and air travel, such as driving along back roads to Los Angeles. Oftentimes, especially early on in their journey, these concessions make Charlie resentful and angry. He lashes out, “You tire me!” Lastly, Charlie’s initial treatment of Raymond supports the pitiable stereotype. He often claps his hands hard to get his brother’s attention—an insensitive, somewhat dehumanizing means of communication.

The atmospheric stereotype of mental disorder is deployed through patients at Wallbrook. Patients populate several scenes in order to show life at the Institution. They watch television, engage in art and music therapies, walk down the hallway or around the grounds, or are pushed in wheelchairs. Their identities are not revealed or explored.

The dangerous and object of violence stereotypes emerge through narrative details. Raymond's father institutionalizes Raymond when he burns Charlie in hot water, a dangerous act. Raymond becomes the recipient of violence, however, when Charlie grabs him by the neck and calls him a "fucking retard." Also, the driver, who attempts to force Raymond to cross the street at the crosswalk, calls him a "dipshit."

Raymond is cast as asexual when he kisses Susanna. She has to instruct Raymond on how to kiss, and he describes the experience in objective, non-feeling terms, as "wet." Moreover, he does not understand or notice Charlie and Susanna having sex. He sits on the edge of their bed and watches television, oblivious to their actions.

The own worst enemy stereotype manifests when Raymond violently hits himself on the head, and when the consulting doctor asks Charlie if Raymond, "inflicted bodily harm on himself."

Not only does Raymond have autism, he has savant skills in memory and counting, and thus activates the "super-crip" stereotype. Raymond demonstrates his savant abilities on multiple occasions, amazing those who witness his actions. Raymond correctly computes complicated math problems in the doctor's office, after which his brother calls him a "genius" and says he should "work at NASA." Raymond claims to "see" the answers to the math problems. In addition, Raymond regularly shares detailed bits of factual information and trivia, further depicting the power of his memory. His

counting abilities are staggering. Raymond counts a “six-deck shoot” at a Las Vegas casino and the number of fallen toothpicks. Lastly, the artistic stereotype appears when viewers see some of Raymond’s artwork, images realistically rendered, or copied, with precision and detail.

Raymond’s evolving relationship with his brother illustrates the positive thematic portrayal of being part of the mainstream through familial bonds. Charlie initially treats Raymond objectively and coldly, seeing him as an oddity and a means to an end. Their time together allows Charlie to see the humanity in his brother, growing to love and respect him. At the end of the film, Charlie and Raymond have plans to see each other in a matter of weeks. Charlie’s change of character seems authentic; it appears he wants to be with his brother again—to remain connected.

***The Fisher King* (1991, Columbia Pictures)**

In *The Fisher King*, Jack Lucas, played by Jeff Bridges, is an irreverent disc jockey who antagonizes callers to his radio show. One day he incites a caller to commit mass murder at a New City bar. Jack leaves radio after the event and works at a video shop owned by his girlfriend. His inner demons drive him to consider suicide by jumping off a dock. He is saved by Parry, played by Robin Williams. It is a fateful encounter, as Parry, homeless and struggling with his own mental distress, is the husband of one of the people murdered in the bar years ago. Jack tries to help Parry as means to make amends. Guilt-ridden, superficial assistance evolves into friendship, and Jack becomes a happier and healthier person through his interactions with Parry. Parry's own battle with the "Red Knight" ends, too, through friendship with Jack and a romantic relationship with a woman he followed while on the street.

The film begins with a scene inside a radio studio, where Jack is playing tunes and making fun of callers to the show. The scene shifts to downtown traffic. Jack, wearing cowboy boots and his hair in a ponytail, ignores a panhandler rapping on his limousine window, saying that giving the man change will not make any difference. He is selfish and self-occupied. He later talks about his career and being "on film" with his girlfriend in a posh penthouse suite. In a bubble bath, he applies a facial mask, practices his lines while looking at himself in a hand-held mirror. Multiple television screens play the evening news as he cavorts about in his bathrobe after his bath. He learns that his sardonic words to one of his callers led to a deadly mass shooting at a bar. The shooter murdered seven people before turning the shotgun on himself, "shooting a hole in his head." Images of bloody and injured people and emergency personnel flash on the

television. Jack is stunned with the news; his eyes widen and he covers his mouth, horror-stricken.

Three years later, Jack is living a very different life, working in a video store with his girlfriend, Anne. Jack has difficulty assisting customers one afternoon. Sound and camera effects indicate that Jack's perceptions are distorted; he is on the verge of a mental collapse. He struggles to interact with one customer, quickly becoming overwhelmed with her questions. His girlfriend, sensing that Jack is having "a mood," asks him to go upstairs and rest. That evening, he and Anne fight while watching sitcoms on television. Jack's mood is dark, and he is drinking whisky. Sweaty and unshaven, he insults her intelligence by commenting on the title of a book she is reading. She reminds Jack about a comment he made to her earlier about appreciating their lack of intellectualism. Jack responds, "Suicidal paranoiacs will say anything to get laid." He hurls his drink at the television set and heads outside into a rainy night. He struggles to walk, tripping over trash and into the street. A man in a tuxedo with a little boy dressed up in suit and bowtie exit a posh building. The boy calls out to Jack, "Mr. Bum," and gives him a wooden Pinocchio doll. Jack sits by statue and talks to the toy about life and suicide while drinking alcohol from a bottle in a paper bag.

Jack heads to a dock in attempt to commit suicide. He has secured blocks of wood to his ankles. Before he can commit the act, two teenage boys jump out of jeep and approach Jack with a baseball bat and a can of gasoline. They yell and threaten Jack. One hits Jack with a baseball bat; the other doses him with gasoline. Parry, played by Robin Williams, appears as an urban knight wearing a feathered hat, an icon of madness, and carrying a trash can as a shield. Rising out of the darkness, he stands on the hood of the

boys' jeep. White smoke swirls around Parry, and he shoots an arrow at one of the boys, interrupting their attack on Jack. The boys turn their aggression onto Parry, who calls out to other homeless men to assist. An attacker says that these men, who start emerging from the shadows, look like "the living dead," and several are dressed roughly. One holds a large silver crucifix. The situation becomes more precarious when one of the boys brandishes a knife. In a strangely comical moment, Parry reacts to the threat by leading the men in song, "I like New York in June." Parry's whimsical pretense shifts to dangerousness as he slings two socks with weights in them at the boys. He proceeds to tie up a boy, while the other drives off. Parry takes Jack to a location where a motley group of individuals gather, howl, and drink. The characters are dressed in layers of old clothing; fire burns. Jack accidentally catches his arm sleeve on fire, and someone forces alcohol into Jack's mouth.

When Jack awakens, he finds himself in Parry's living quarters, which are located in a building's boiler room. Steam, industrial pipes, burning candles, and detritus pack the small space. Parry is filthy, and his hair is disheveled. He is dressed in rags and offers Jack an old fruit pie to eat. Parry abruptly turns away from Jack and engages in an imaginary conversation, an auditory hallucination, with the "Little People." The Little People tell Parry that Jack is "the one." Parry shouts "shut up" and "get away from him" at the imaginary voices, using a spray can to further scare away his psychic tormenters. Parry's actions unnerve Jack, and he tries to escape. Before he can do so, Parry raises a sword, as a staff of madness, and announces he is a knight and the "janitor of God." He further explains that the Little People, or "hundreds of floating fat people," first appeared to him after he had a bowel movement, which was so satisfying he found it to be a

“mystical” experience. As a comical figure, Parry acts out taking a bowel movement with sound effects of pretend straining. The camera pans up close to Parry’s face; his teeth are brown and rotten. His hands are deeply soiled. Parry informs Jack that his mission is to find the Holy Grail, showing him a photograph in an architectural magazine of a trophy (the Grail) located in a wealthy New Yorker’s library. Jack backs away from Parry and these revelations, saying that he is a “nice” but “psychotic” man. Jack gives Parry the Pinocchio doll and departs. The building’s super stops Jack on his way out, informing him that Parry’s wife was one of the people murdered in the bar shooting carried out by the radio caller from Jack’s past.

Jack returns to Anne’s apartment and tells her about being attacked on the street. He does not mention Parry, although returns to the boiler room later to look for the man who saved his life. A rat dashes between cans of food on a shelf. Jack notices an abstract painting of a red figure; other pieces of artwork lay strewn about. A row of masks lines a wall, and there is a shrine lit with candles and decorated with flowers, more art, candy, fortune cookies, soy sauce, and chopsticks. The building’s super finds Jack at the shrine. This time he shares some of Parry’s personal belongings, including a diploma from Columbia University for a man named Henry Sagan, Parry’s real name. According to the super, the hospital recommended he keep certain personal belongings away from Parry. Parry once taught at Hunter College, spent time in a mental institution, and “did not speak for a year” after the shooting. Henry took on the identity of “Parry” after he began speaking. The super allows Parry to stay in the basement boiler room as he has not able to live independently after his release from the hospital. Jack finds a photograph of Parry’s deceased wife; it is torn in two.

Later at home, Jack listens to one of his old radio shows and combs through newspaper clippings. He tells Anne that he feels “cursed” in life and laments the fact that he met one of the victims of the mass killing by the radio caller. He cries, and Anne comforts him.

Jack continues to search for Parry on a busy street. He finally finds him sitting on the roof of a car, talking to himself. Donning a feathered hat and torn cape, Parry has been waiting outside for Lydia to appear on her lunch break. He has been following her for some time. Lydia wears an oversized beige rain-coat and beret and appears clumsy in several scenes depicting her lunch hour activities. She knocks over books on a sidewalk stand and drops a Chinese dumpling, her lunch, in her lap. Parry is infatuated with Lydia and literally twirls in delight when talking about her to Jack. Jack gives Parry \$70 in cash, which Parry gives to another person on the street. Jack sees Parry doing this and attempts to take the money away from the other man. Parry challenges Jack’s offer of assistance. He really wants Jack’s help in obtaining the Holy Grail, or the trophy in the wealthy man’s library as seen in the magazine photograph.

Parry takes Jack to the wealthy man’s mansion. They stand out front and discuss the reality of the Holy Grail. The mansion, with its turrets, walkways, and formidable brick façade, is a modern-day, medieval castle. Jack insensitively challenges Parry’s delusions, “Don’t start drooling or rolling your eyes when I tell you this, but you shouldn’t be doing this. There is no Holy Grail.” Parry disagrees with Jack, shouts at an imaginary voice, and crosses the street with oncoming traffic. Jack continues, “You’re only partly insane. People like you can lead partly semi-normal lives. You can get a job.” His comments indicate that people with mental illness are not capable of living full

functional, independent lives. With growing frustration, Jack declares, “You are deranged.” Interpreting Jack’s admonishments as expression of care, Parry hugs Jack and swirls in circles, shouting his affection for the other man. Jack becomes so angered by Parry’s declarations, he throttles and yells at Parry. Parry reacts badly to Jack’s confrontation and to being physically restrained. He screams, collapses in the street, and experiences a visual hallucination of the “Red Knight,” a fiery, red monster on horseback. Parry’s vision dissipates when Jack comes over to console him, leading Parry to believe that the Red Knight is “afraid of Jack.” After he has this revelation, Parry dodges across the street and is hit by a speeding taxi cab, rolling over the car’s hood unharmed. Parry runs into Central Park in pursuit of the Red Knight; Jack follows. They finally end their chase and rest on large boulder in the park. Parry hears a man crying out in distress in the park and takes off to help. Jack struggles to sit up, gasping, “This is too hard.” His statement indicates that being with a person with mental disorder is fatiguing both physically and emotionally.

Jack and Parry discover a crying man on the ground and take him to the emergency room. He is not only injured with facial lacerations, but emotionally distressed. Individuals, who appear to be homeless or in mental distress, pack the chaotic emergency room. One person sits tilted over with drool on his face. An elderly woman with rotten teeth, dressed in disheveled, ragged clothing, rocks and shouts nonsensically. Meanwhile, Parry swirls and dances, attempting to rouse others in song. Jack speaks with the injured man from the park, who kicks, flails, and finally curls up in Jack’s lap. He sobs to Jack about wanting to go to Venice, lamenting he is not Katherine Hepburn. Jack asks the man, “Did you lose your mind all of a sudden or was it a slow, gradual process”?

The man tells his story, mentioning he “watched all his friends die,” perhaps an allusion to the AIDS epidemic.

Jack continues to spend time with Parry. Next, the two appear in Grand Central Station, waiting for Lydia’s arrival. Lydia appears, and Parry’s ardor for her is manifested in the film through a fantasy scene. The people in the station begin to waltz with one another; the light becomes hazy, creating a dreamlike ambience. Parry follows Lydia through the dancing couples. That evening, Jack and Parry go to a large field in Central Park. Parry takes off his clothes and dances around naked. Jack is enraged with Parry’s actions, screaming, “You’re out of your fucking mind.” Parry answers, “Bingo!” and continues to frolic in the field. He cries, “Free the little guy, let him flap in the breeze.” Jack and Parry lie in the grass and talk. Exhibiting some complexity of personality and insightfulness, Parry observes Jack’s unhappiness and tells him the story of “The Fisher King.” The story’s themes of despair, searching for meaning in one’s life, finding solace once again, resonate with Jack. After telling the story, Parry ponders that he may have heard it at a lecture and then sees the Red Knight. Jack changes the subject and encourages Parry to ask Lydia on a date.

Still wanting to make amends, Jack decides to help Parry meet Lydia and concocts a plan to bring Lydia to the store. Back in Anne’s apartment, Jack calls Lydia at her work and notifies her that she (Lydia) has won a membership to the video store. Lydia is incredulous about the offer and hangs up the phone on him. His next strategy, he sends the crying man from the park to Lydia’s workplace to inform her of the bogus contest award. Donning a blond wig and red lipstick, the man from the park wears sexy cabaret garb and carries a handful of yellow balloons. Jack laments “he is on a first name

basis with these people,” a disparaging reference to knowing and interacting with people who are homeless and mentally disordered. The man barges into a suite of cubicles where Lydia resides. Jumping on top of a counter, he dances and sings to Lydia, informing her of the prize membership to the video store. Workers stop and watch this man cavort in a comical scene.

Jack, Anne, and Parry prepare for Lydia’s arrival at the video shop. Parry puts on a store T-shirt to pretend that he works there. Anne walks past Parry and wrinkles her nose, indicating that Parry smells. She gives Jack a tree-shaped odor eater, which Jack hangs around Parry’s neck, objectifying Jack as if he is a rear-view mirror. Lydia enters the video store, and Parry follows her around the shop. Both interact awkwardly with one another and knock over shelves of videos. Lydia notices Anne’s nails before leaving the store, and Lydia agrees to pay to have Anne give her a manicure. Afterwards, in Anne’s apartment, Anne feeds Parry and complains to Jack about going on a date with “strangers,” noting that Parry is an unattractive “bum.” Parry stares at Anne’s cleavage when she serves him food.

That evening, Anne does Lydia’s nails in her apartment while Jack gives Parry a facial back in the boiler room. He dresses Parry in some of his own clothing, adjusting the arm and leg lengths with a stapler. Over alcohol and cigarettes, Lydia confides with Anne, commiserating about her lackluster love life and discomfort in social situations. Lydia essentially feels invisible to others. Anne offers her some perspective, and a small boost of confidence, by sharing that Lydia can be a real “bitch,” a disclosure which makes both women laugh.

Jack hands Parry his wallet so Parry can pay for the double-date. Jack and Parry go to Anne's apartment, and Jack suggests that they all go out to dinner. Lydia, with her newly done nails, and Parry, dressed in a white suit and tie, struggle to accept the invitation. The four depart to a Chinese restaurant. On their way to dinner, Parry and Lydia walk with another. She tells Parry about her work life, and Parry validates it. He also speaks to the importance of romance and gives her a small wire chair he made out of trash. She is touched by the gift. At the restaurant, the film depicts Lydia and Parry as socially awkward in several scenes. They drop food repeatedly and break dishes. Lydia rubs her face and nose when handling a plate of food, slurps up noodles, and hums and bobs when she eats. Parry burps repeatedly. Lydia's portrayal, as lacking social graces, casts her as an outsider. Perhaps she is constructed in such a way to mirror or match Parry's social status as an outsider, too. Anne whispers to Jack, "I think they were made for each other." Parry sings to Lydia at the table. Jack and Anne laugh and kiss about the dinner date. Parry walks Lydia home. She shares her dating history with Parry and then turns away, not wanting to get hurt again. Parry discloses his love for her and all that he knows about her from following her in town. They kiss.

The moment of joy is quickly defused as he recalls his wife's murder and sees the Red Knight. Music intensifies, as he runs down the sidewalk in terror from his hallucination. The Red Knight represents his psychic injuries from witnessing his wife being shot in the head at the bar. The film intercuts scenes of Parry running in absolute terror, fleeing the Red Knight, and a flashback of the night his wife was murdered. The shooting scene is graphic and gruesome; parts of Parry's wife's brain splatter on his face. The speed of the intercutting quickens. Past and present images alternately flash on the

screen. Parry's face is covered in blood and tissue the night of the shooting. In the street, in the present time, he wraps his arms around him. His white suit becomes a straightjacket from long ago. An ambulance appears. The Red Knight charges as a ball of fire and chases him to the water's edge. At the dock, thugs jump out of a jeep, just like they did at the start of the film. The Red Knight raises his sword in the air, while one of the teenage boys flashes a switchblade. They savagely attack Parry, slicing him in the chest and beating him with a baseball bat. Parry says, "Thank you." He is desperate for an escape from his psychic distress, even if it means experiencing incredible brutality. A train clatters on the tracks in the background.

The following day, Jack is feeling better, calls his agent, and asks if he can return to the radio station. Anne expresses excitement that Jack is going back to work and suggests they find a larger apartment. He dampens her enthusiasm by requesting they "slow down" and not see each other for a time. He wants to focus on his career. Anne, heartbroken and furious, lashes out, "You don't know shit!" He cannot tell Anne he loves her. They break up, and he leaves.

Jack learns of Parry's assault because the hospital finds Jack's wallet in Parry's possession. Jack and Anne go to the hospital immediately. Parry lies still in his hospital bed, wrapped in gauze and casts. The doctor declares that Parry is re-experiencing the same non-verbal catatonia as before and his recovery is highly uncertain. The doctor adds that Parry will be "sent back to the same institution," noting Parry's need for "hospital care."

Jack is back on the radio, and his former cocky personality resurfaces for a time. The song, "I Got the Power," blasts in the background as Jack steps out of a limousine on

his way to discuss a business proposition. He ignores the crying man from the park when he sees him on the street. Ironically, Jack speaks with a producer about an opportunity to host a comedy show about homelessness. Preoccupied about snubbing the man from the park, Jack abruptly leaves the producer's office.

Jack visits Parry at a mental hospital for long-term care. The icon of hospital white appears in staff uniforms, white beds and curtains, and walls. The hospital ward is laid out with two rows of curtained singled beds, mirroring the hospital scene in Van Gogh's *Men's Ward in Arles*. Patients, dressed in disheveled, stained white smocks and robes, congregate in the halls. With a fly-swatter, one patient hits flies on a chain-bolted television set with a static screen. One barks a word repeatedly to himself, while another stares in space, open-mouthed. Parry's bed is the one source of color—a symbol of life and hope amid the hospital drabness—in the ward. Lydia has brought Parry brightly colored, children's sheets and pajamas. He lies catatonic on his neatly made bed. Dried spittle appears on his mouth. Jack tucks the Pinocchio doll into Parry's arm. He is frustrated by Parry's lack of responsiveness, shouting "It's easy being nuts." He does not want to feel responsible again for Parry's situation or to accept the role of being Parry's savior by securing the Holy Grail from the millionaire's mansion. Yet, he adds, "Don't go anywhere." On his way out of the hospital, he passes other patients. A man with a bloody gash on his head gapes slack-jawed; his white gown is streaked with blood. No one is attending to him or his wounds.

Jack, wearing Parry's feathered cap and cape, breaks into the mansion using a bow and arrow, string, and rope. Jack risks his life to enter the home, climbing up a rope suspended high above the street. Channeling Parry through costume, actions, and mental

disorder, Jack experiences a hallucination. He sees the gunman from the bar aiming his loaded rifle. The man shoots, and Jack hears the sound of the shot. Jack drops to the floor in fear, and then recovers. He enters the wealthy man's library and spies the trophy in one of the bookcases. He takes it and notices a man by the fire. The owner of the mansion has attempted suicide with pills. Jack tries to revive him and fails to do so. Instead of leaving the house secretly, he goes through the front door, thereby setting off the house alarm. He saves the man through this action.

Jack brings the Holy Grail to the hospital and puts it in Parry's hands, pleading with him to "wake up." It is nighttime, and Parry and the other patients are asleep. Jack slumps over Parry's bed and falls to sleep. Parry feels the trophy cup in his hands and awakens. He is the Fisher King who has been given something to drink and revives. Parry thanks Jack and tells him he misses his deceased wife—he is ready to heal from his traumas.

The following morning, Lydia enters the ward and discovers that Parry is no longer in bed, but around the curtain with other patients. In another comical scene, he leads a large group of patients in song, "I like New York in June." Jack is singing along, too. The men appear in sloppy, stained gowns and robes. One is playing with string, making a Cat's Cradle, an intertextual reference to the mad tailor in Hogarth's *Rake's Progress*. Another holds a cane, a staff of madness. Lydia approaches Parry in tears; they kiss and hug. Jack has his own romantic reunion with Anne when he later goes to the video store and confesses his love for her.

The film ends with both men naked on a field in Central Park, the Pinocchio doll in between them. They are watching nighttime clouds stream past a full moon. They

laugh and sing a bit, enjoying each other's company as friends and equals. The film ends with images of city skyscrapers lit up in colored lights and fireworks.

The following icons appeared in the film:

Icons	Frequency
Staff (sword, cane)	3
Naked	2
Clothes in disarray (stained)	3
Feather cap	4
Hands grasped to face	2
Clenched fists	2
Hidden hands	3
Tearing clothes	1
Musical icon (singing)	4
Dance icon	2
Held/guided by warders	2
Facial expression of terror	3
Lighted window	3
Shaft of light	2
Individual illuminated	1
Straightjacket	1
Flailing limbs	2
Rat	1
Cage (elevator bars)	1
Confinement	2
Hospital white	8
Bandages	2
Wheelchairs	3
Glazed stare	3
Art icons	1
Gurney	1
Doll (Pinocchio)	3
Hospital technology	2
Disheveled hair	3
Reading, magazine	1
Ambulance	1
Shuffling	3

Additional icons not listed on the rubric appeared in the film:

Television	1
Trophy	1
Sobbing	1

The following stereotypes of mental disorder occurred in the film:

Stereotype	Image	Speech
Dangerous	1	-
Object of violence	4	-
As atmosphere	4	-
Pitiable and pathetic	7	3
Incapable	-	1
Comic figure	6	5
Own worst enemy	1	-
Burden	-	1
Mentally ill/pathological	5	6

The following positive portrayals occurred in the film:

Positive Portrayal	Image	Speech
Interacts as equals (friendship)	2	3
Has complex personality	-	2
Part of the mainstream	1	1
Can have loving relationships	2	3

Stereotypes and positive portrayals occur in the depictions of people with mental disorder in this film. Parry is stereotypically cast as dangerous and an object of violence. Hurling weighted socks at street thugs and taping one up by the wrists present Parry as dangerous, although his actions were carried out in self-defense. Parry is more frequently an object of violence. On two occasions, teenage boys attempt to injure Parry seriously. In the second attack, Parry nearly dies from his injuries. Jack also perpetrates violence against Parry when he throttles Parry for insisting on carrying out his quest to obtain the Holy Grail. Parry experiences violence in the bar shooting by witnessing the gruesome murder of his wife.

The traumatic event of his wife's murder leaves Parry compromised. The film depicts Parry as pathetic, incapable, and mentally ill in images and speech. After losing his wife, he become catatonic, does not speak, and is unable to work. He cannot care for

himself, which is why the super allows him to live in the boiler room, which is perhaps a burden. His life on the streets activates the pitiable and pathetic stereotype. Parry appears disheveled and filthy; his teeth are rotten and his hands appear sooty from dirt. He wears an odd assortment of clothes, including a feathered hat and cape. His living conditions in a basement boiler room are poor. Other examples of the pathetic stereotype occur when Parry dashes over to a discarded Styrofoam cooler on the sidewalk in joyous discovery, sits on top of a car and talks to himself, wears an evergreen tree odor-eater to defuse his body odor, and runs in terror down city streets when experiencing hallucinations or flashbacks. Both flashbacks and auditory and visual hallucinations portray Parry as mentally ill. This stereotype is further deployed through language, such as “catatonic,” “psychotic,” and “insane,” and certain icons of madness, particularly medically themed ones. He is his own worst enemy when he darts into traffic and is hit by a passing taxi cab.

One of the most frequently presented stereotypes in the film is the comic figure. Parry breaks into song in several scenes, dances, swirls, frolics naked outside, acts out taking a bowel movement, and speaks cleverly and with wit. He wears children’s pajamas and holds a Pinocchio doll. These actions often transpire in non-comical settings, such as in the emergency room or during an altercation on a dock at night.

The atmospheric stereotype occurs in the hospital scenes with unknown patients. Their role is to depict the “mental patient.” These actors do not have lines, although they sing at the end of the film. The film shows men sleeping, lying around, making strange noises, and doing odd things. Close-ups of some of the patients depict individuals who

are comatose or exhibiting glazed stares. Like the patients in Van Gogh's *Men's Ward in Arles*, these men spend their days passing time, not engaged in meaningful activities.

Interacting as equals, having a complex personality, being part of the mainstream, and participating in a loving relationship are the positive portrayals of mental disorder in the film. Through friendship, Parry and Jack interact as equals. Their relationship develops into one of mutual regard, as best depicted in scenes where they lie in a field at night and talk. Parry is cast as having a complex personality when he tells the story of "The Fisher King" and speaks about the value and purpose of romance with Lydia. He becomes part of the mainstream when he joins a double date with Lydia, Jack, and Anne. Parry participates in a loving relationship with Lydia, too. He expresses his love for her, not just by directly stating it, but by communicating a genuine interest in her as a person. He asks her, "Are you my girl?" when she approaches him in tears at the hospital. She is overjoyed to see him recovered. He kisses and embraces her, full of joy himself.

***Benny & Joon* (1993, Metro-Goldwyn-Mayer)**

Mary Stuart Masterton takes on the role of Juniper “Joon” Pearl, an artist with mental illness who lives with her auto-mechanic brother, Benny, in the film *Benny & Joon*. A losing hand at a poker game turns Benny and Joon’s life around, as Benny agrees to board a poker player’s cousin, Sam. Romance blossoms between Sam and Joon, precipitating a rift between the siblings. Joon experiences a mental breakdown, though recovers and reclaims her life in meaningful ways.

The film opens with two intercutting narratives—Sam arriving to town on a train and Joon painting at her easel—that signal the fateful meeting between Joon and Sam, played by Johnny Depp. Setting and action provide details regarding the identities of the two characters: Door knobs suspended from the ceiling with clear wire, buckets of paint brushes, and tubes of paint surround Joon in her studio. She uses her hands to smear paint abstractly on a large canvas. Sitting by one of the train’s windows, Sam peers over the cover of *The Look of Buster Keaton*.

Joon calls Benny, played by Aidan Quinn, at work with an “emergency,” which is that they are running low on chunky peanut butter. Benny, carrying a bag of groceries, comes home that evening to a tumultuous scene. Stepping through the front door, he witnesses Joon hurling a plate at their elderly housekeeper. The housekeeper quits her position on the spot, informing Benny that his sister has “sudden outbursts,” “wanders off alone,” and is “unmanageable.” After she leaves, Benny’s co-worker invites him over to play poker. Benny complains that he does not have anyone to take care of Joon, now that the housekeeper has departed. His friend encourages him to bring Joon, who likes to read, paint, and “light things on fire.” Benny and Joon discuss the housekeeper’s departure

over dinner. The elderly woman is not the first to leave Joon's care, and Joon comments on past housekeepers. She laments that the current housekeeper "moved things" and another had "smelly" hair.

After dinner, Benny and Joon drive to the friend's poker game. On the way there, Joon spies Sam hiding out in the top of a tree. They stare at each other. At the game, one of the players complains about Sam, his 26-year-old cousin who cannot read, watches old movies, and spends his days "polishing plastic forks." Joon sits away from the players and lights candles, moving her hand over one of the flames.

Whimsical music cues a comical scene as Joon makes breakfast wearing a snorkeling mask, the air tube in her mouth. She prepares a smoothie containing Captain Crunch cereal, peanut butter, and milk. Before drinking her shake, she inserts a ping pong racket through her belt, which has attached leather pouches.

Benny and Dr. Harvey, Joon's doctor, discuss hiring a new housekeeper for Joon. Dr. Garvey flips through Joon's medical chart with a page entitled, "Psychiatric Evaluation." She recommends a group home, wondering aloud if Joon's current living arrangement best serves her needs. Benny becomes defensive and states he has taken care of Joon for the last 12 years and that he is her "only family." The doctor underscores the importance of keeping Joon's stress levels low for her mental health. She adds that Joon may be able to develop life skills and expand her social network in a group home. Benny ends the conversation by stating, "I am not farming her out," a possible reference to the idiom, "funny farm."

Still wearing the snorkeling mask, Joon meanwhile causes a traffic jam by standing in the street directing traffic with her ping pong racket. A policeman arrives and

asks for her identification card. Benny is later apprised of the situation and gives up his baseball game tickets to spend time with Joon that evening. At home, Joon paints quietly and takes her medication, which Benny brings to her. Alone in a darkened, messy study, Benny drinks beer and listens to the game on the radio. His life is circumscribed by Joon's needs, an observation further illustrated when Benny turns down a date with an attractive woman.

“Benjamin, don't underestimate the mentally ill. We know how to count.” Such is how Joon responds to Benny when he challenges her on how a point is counted during a ping pong game. They argue some more, and she accuses Benny and others of “cheating” her. In a rage, she flings her racket into a lamp, smashes it to pieces, and runs upstairs. Benny continues to search for a housekeeper, and Joon remains upset. He finds her sitting by a fan holding a piece of tissue. Acting dangerously, she allows the fan to blow the paper to a lighted candle on the floor. It hits the flame and ignites; Benny has to stomp out the fire.

Benny later takes Joon to another poker game; this time, she plays a round of cards and loses. When Joon loses her hand in the game, she commits Benny to board Sam, a cousin of one of the poker players. Benny and Joon go outside to meet Sam for the first time. They find him hammering on metal objects as if to make music. After Benny and Joon introduce themselves, Sam writes down their names on a small notebook, asking each one how many “n's” are in their names. He wears a polka-dotted tie, vest, and fedora. The three of them go to a café, and there, Sam entertains them in a series of comedic acts, including juggling diners' plates and making dancing feet out of dinner rolls and forks. Fast, exuberant piano music heightens the comedy of Sam's

actions. They also meet a waitress, Ruthie, played by Julianne Moore, whom Benny later takes out on a date.

After their meal at the café, the three of them return to Benny and Joon's home. Sam explores the room where he will be staying. He touches one of Joon's wet paintings, dabbing a bit of paint onto the tip of his tongue, tasting it. Joon approaches him and requests he not touch her artwork. Sam mentions Van Gogh and the artists' infamous ear to Joon, a historical allusion and intertextual reference between mental illness and artistic genius. Sam thanks Benny for allowing him to sleep on the couch, mentioning his cousin Mike "made him sleep under the sink."

The following morning, Benny apprises Sam of Joon's health situation, describing his sister as "mentally ill" and subject to mood swings and hearing voices. He encourages Sam to "ignore" her if she starts to speak to herself. Sam and Joon's first day alone in the house is a rocky one. The day begins when Joon offers Sam a glass of her Captain Crunch milkshake, asking him if he is "having a Boo Radley moment." Sam's own non-conventional ways of cleaning and cooking, such as grilling cheese sandwiches using an iron and playing loud rock music, both overwhelm and intrigue Joon.

Friendship between Joon and Sam develops after Joon helps him write a letter to his mother. After mailing the letter, the two of them enjoy dessert at the café where Ruthie works. Ruthie later brings Joon and Sam back home; she stays for dinner and the four of them watch a B-movie in which Ruthie starred. Sam knows all the dialogue, indicating a strong auditory intelligence. Benny drives Ruthie home and stays in her apartment for a brief, awkward visit. Meanwhile, Joon and Sam paint on the floor of her studio. She moves his hand in the paint provocatively. Their hands shine in bright red and

purple paint. They almost kiss before he blows up a balloon, modulating the release of air to make strange sounds, which disturb Joon.

Playful music introduces a series of scenes in which Sam displays his comedic abilities after a picnic with Benny and Joon. Sam entertains Benny and Joon, and then a crowd of others, with more physical comedy routines. His antics are inspired. Benny whispers to Joon that Sam is “incredible,” and the onlookers applaud and laugh at Sam’s moves. That evening, Sam and Joon kiss passionately and make love. Sam tells Joon that he “loves” her, and she says, “me, too.” Joon asks Sam not to inform Benny of their romantic encounter.

The next morning, Benny and Sam talk while Sam takes a shower. Benny praises Sam’s comedic genius, saying that he could be “the next Buster Keaton.” Instead of responding to Benny’s compliments, he asks about Joon’s mental health. Sam observes that “except for being a little mentally ill, she is pretty normal.” Later in the day, Sam and Joon divulge their romance to Benny, who is shocked and repelled by the revelation. He physically throws Sam out of the house, calls Joon “crazy,” and shows her a brochure for a group home for people with mental illness. She grabs the brochure out of his hands, hits his chest, and cries out repeatedly, “I hate you!” Benny restrains her by the wrists and then pushes her away. He tries to make amends to Joon by driving out to purchase tapioca pudding. While he is away, Joon burns a family photograph of Benny and her as children.

Sam comes back to the house for Joon, and the two of them leave town on a bus. While on board, Joon acts erratically; her behavior indicates mental agitation. Sam struggles to keep her calm, and failing to do so, pulls the bus’s emergency cord. Benny

appears on the scene to witness his sister pacing an emptied bus. She flaps her hands in the air and screams. An ambulance approaches, and two uniformed technicians restrain her. She kicks in a window as the technicians remove her from the bus.

Joon is admitted to a locked psychiatric ward at Emma Sherman Memorial Hospital. The façade of the hospital is red brick with white Doric columns. Dr. Garvey informs Benny, who is desperate to see his sister, that Joon does not want any visitors. On his way out of the hospital, Benny sees Sam in the waiting room. He warns Sam to stay away from his sister. Sam does not agree to such a request, to which Benny grabs Sam by the lapels and lambasts him as an “idiot and a first-class moron.” Sam calls Benny “scared” and admits he does not “look up” to him anymore.

Joon rests in a hospital room next to a moonlit window. The icon of hospital white appears in the bed linen and curtains. Benny and Sam, now holding a job at a classic movie rental shop, reunite under friendly terms in order to see if they can visit Joon in the hospital. Joon is on a “closed” ward with a “restricted access” screened door, which buzzes when people walk through it. One day, Benny and Sam wait outside the locked door, hoping to somehow gain access. When the door opens, Sam skims his hat across the floor, catching it before it closes. The two men seize the opportunity and walk onto the ward. Acting as a foil for Benny, Sam distracts three large white-uniformed staff members by sliding down the hallway and crying out, “Mommy!” Believing that Sam is an escaped patient, they admonish him, pick him off the floor, and carry him away.

Benny soon finds Joon, dressed in a bathrobe, sitting on her bed. An illuminated window frames her in the film’s shot. He tells her that she does not belong in the hospital and suggests she live in her own apartment. He also apologizes for his actions with Sam.

She confronts his apologetic talk, asking him “Why do you hate me so much. . . . You need me to be sick.”

Dr. Garvey, wearing a white physician’s coat, discovers Benny outside Joon’s door. The doctor, Benny, and Joon discuss Joon’s options regarding her living situation. She seems stuck and unhappy, until a vision of Sam appears before her. Having escaped the hospital attendants, Sam swings from a rope suspended from the hospital rooftop. He appears like a pendulum in her hospital window, going back and forth into view. Joon beams upon seeing him and declares she wants to reside in her own apartment. The rope gives way, and Sam falls, breaking his foot.

Leaving the hospital, Joon finds Sam in a wheelchair waiting for her on the sidewalk. They embrace warmly. A new life awaits her—one with Sam in it. Joon has her own apartment in Ruthie’s complex. One day Benny brings her pink roses. When he goes to give them to her, he sees that she is busy learning how to grill cheese sandwiches with an iron. Sam stands next to her at the ironing board. Instead of interrupting them, he places the roses at her door.

The following icons appeared in the film:

Icons	Frequency
Eyes cast down	2
Hand grasped to face	6
Clenched fists	2
Hidden hands	2
Seated	3
Tearing hair	2
Restrained	2
Musical icons (stereo, singing)	2
Held/guided by warders	3
Lighted window/door	8
Shaft of light	2
Individual illuminated	2

Flailing limbs	4
Confinement	3
Cage	4
Hospital white	15
Wheelchair	2
Locked door	4
Art icons (paintings, brushes, paint)	18
Gurney	1
Doll (stuffed animal monkey)	2
Playing cards	1
Playing games (ping pong)	1
Disheveled hair	2
Bus	4
Rain	1
Alarm	5
Ambulance	4

Additional icons not listed on the rubric appeared in the film:

Medication (pills, pill bottle)	2
Writing in a journal	1
Crying/tears	1
Sobbing	1

The following stereotypes of mental disorder occurred in the film:

Stereotype	Image	Speech
Dangerous	5	3
Object of violence	2	2
As atmosphere	1	-
Pitiable and pathetic	2	1
Incapable	3	7
Comic figure	5	-
Burden	2	7
Mentally ill/pathological	8	6
Creative/artistic genius	6	-

The following positive portrayals occurred in the film:

Positive Portrayal	Image	Speech
Part of the mainstream	1	1
Can have loving relationships	4	1

The film's main storyline, that of a beleaguered brother taking care of his "mentally ill" artist sister, reinforces stereotypical depictions of mental disorder. Joon is portrayed as being incapable, burdensome, and mentally ill/pathological throughout the film. She burdens her brother by requiring full-time supervision from housekeepers and making unreasonable demands regarding small needs (running out of crunchy peanut butter is an "emergency"). Housekeepers ultimately leave in exasperation or fear. In one scene, Joon throws a plate at an elderly housekeeper, an action that also portrays Joon as being dangerous. Joon's doctor remarks, "She knows how to rattle the day help." Caring for Joon sabotages Benny's personal life. Benny laments to friends that he cannot travel nor have a girlfriend, as Joon's needs eclipse his own.

Joon also is a burden to her brother because of her supposed inability to function independently. Through speech and images, the movie portrays Joon as struggling with self-care, interpersonal communication, and social interactions. Such representation infantilizes and marginalizes Joon. She has very little autonomy over herself until the very end of the film. For example, Benny reminds Joon to brush her teeth and hair one evening. He tucks her in to bed, and, like a little girl, she curls up with a stuffed animal monkey. He offers to bring her a snack in bed, too, and she requests tapioca pudding. Benny considers placing Joon into a group home but struggles with the decision, mentioning to Joon's doctor that his sister hates her peers and has "quit two day centers" already. Benny quiets his sister during a poker game, as her conversation becomes nettlesome to him. Like an admonishing parent, Sam informs his poker-playing friends that Joon and he will go home after one more hand of cards. Joon fails to articulate her

thoughts and feelings at various times. She speaks in strange phrases and half sentences and uses hand gestures and facial expressions to communicate instead.

In addition, the film depicts Joon as requiring constant supervision because of her “illness” and medical treatment—a deeply stigmatizing message regarding people with mental disorder or those who take medication. During the scene in which she stops traffic, she hands over her medical identification card to an inquiring police officer. The entry under “Special Illness” reads, “Supervision required at all times/Under medication.” The theme of having to be monitored and watched recurs throughout the movie. While Joon may require Benny and others’ assistance, she also suffocates from it. Resentment and anger surface periodically, such as when Joon laments to her brother and doctor that she is “tired of everyone telling her what to do.” She confronts Benny on being self-serving and says, “You need me to be sick.”

The mentally ill/pathological stereotype is activated through language, images, and actions. Benny and Sam both refer to Joon as being “sick” and “mentally ill,” and she takes medication for her “illness.” Her doctor refers to Joon’s “symptoms” and how they worsen with stress. Clinical manifestation of mental illness occurs through Joon’s auditory hallucinations and her socially inappropriate behavior and outbursts. Moreover, Joon experiences a mental breakdown while riding on a bus with Sam. Her behavior shows extreme mental distress: She appears to be listening to voices, tapping her hand rhythmically on a headrest and talking to herself. Her behavior and emotions intensify: She grimaces, grasps her head in anguish, contorts physically, sobs hysterically, and writhes in distress—to the point in which Sam pulls the alarm for assistance. White-uniformed medical personnel arrive in an ambulance to take her to a hospital.

Other stereotypes of mental disorder occur in the movie. Joon becomes a comic figure when she is shown wearing a motorcycle helmet while riding as a passenger in car. Wearing a snorkel with its mouthpiece, she causes a traffic jam when she dramatically directs cars with a ping pong racket. She plays with a Jack-in-the-box toy, too. The stereotype of being pathetic and pitiable is activated through narrative details. Viewers learn that Benny is Joon's "only family," and their parents died in a car accident years earlier. After Benny threatens to put Joon in a group home, she burns a childhood photograph of the two of them, one which she kept by her bedside, in the kitchen sink.

Through dialogue and actions, Joon is constructed as dangerous and an object of violence. At the start of the film, Joon scares away her housekeeper by throwing a plate at her. The housekeeper is visibly shaken by Joon's behavior. Joon breaks a lamp with a ping pong racket. She starts a fire by allowing tissue to fall into a lit candle. She walks away from the burning tissue, apparently unconcerned by the potential danger of the situation. While Joon hits her brother, she does so after he kicks Sam out of the house and threatens her with placement in a group home. In the same scene, Benny also restrains her physically, calls her "crazy," and commands her to "settle down," casting her as an object of physical and emotional violence. Another instance of being an object of violence occurs when the ambulance drivers physically restrain her on the bus, grabbing her around her chest and from behind. She flails in their grip.

The atmospheric stereotype of mental illness emerges during a hospital scene. A nurse escorts an anonymous patient on crutches through a locked security door. The patient has no real role other than to highlight the locked entrance to Joon's ward.

The creative/artistic genius is the final stereotypical depiction of mental illness in the movie. Joon is cast as a gifted artist, and many scenes show Joon painting, drawing, or handling her art materials. Pieces of art decorate her home, along with myriad art supplies, including paint tubes and jars, paint knife and brushes, and so forth. Her vividly hued abstract paintings perhaps symbolize her inner landscape—one that is possibly fractured and disorganized, but also original and beautiful. In addition, Joon physically immerses herself into her work. In the opening scene, she uses her hands as brushes, swirling them in brightly colored paint. Paint splatches cover her shirt and shoes.

The two positive portrayals in the film include being part of the mainstream and participating in a loving relationship. Despite the revelation that Joon “hates her peers,” she becomes friends, and then lovers, with Sam. Their romance commences one evening when the two of them paint together, entangling their hands in the paint. Sam says that he “loves her,” and she responds in kind. At the end of the film, he demonstrates his commitment to her by scaling the hospital façade, rigging himself to a pulley and rope, and swinging in front of her hospital window. His appearance fills her with hope, fortifying her with the courage to tell her brother and doctor that she wants to live on her own in an apartment. Her request becomes reality, and in the film’s final scene, Sam and Joon are shown ironing grilled cheese sandwiches. On a surface level, Joon and Sam’s relationship is meaningful and positive. From a more critical perspective, however, one wonders if and how Sam’s outsider status (that he is unable to read and behaves eccentrically) makes him a suitable or acceptable boyfriend to Joon, a person with “mental illness.”

***Mr. Jones* (1993, Rastar Productions)**

Mr. Jones, a middle-aged man with bi-polar disorder, grapples with his mental health and finds romance with a psychiatrist on the rebound in *Mr. Jones*. Mr. Jones, played by Richard Gere, arrives at a mental hospital after walking on a rooftop beam several stories off the ground. There, he meets Dr. Elizabeth “Libbie” Bowen, played by Lena Olin, and connects with her sensitive, inquiring nature. Dr. Bowen’s interest in her client eventually crosses professional boundaries, leading to a taboo sexual encounter and romance. At the end of the film, Mr. Jones again traverses the rooftop beam in a suicidal gesture. Dr. Bowen, knowing his whereabouts, pursues him to the top of the roof. He does not jump but back-steps off the beam and into his doctor’s embrace.

The film opens with James Brown’s famous song lyrics, “I feel good!” Mr. Jones, on a manic upswing, bicycles through San Francisco on his way to a construction site, looking for work. Portrayed as a smooth-talker and somewhat desperate, he ingratiates himself with the site’s foreman, gets hired as a carpenter, and agrees to work for free the first day. Mr. Jones heads to the top of the building to begin work, where he introduces himself to Howard, another carpenter. Mr. Jones appears giddy, distracted, and euphoric in the rooftop scene. He also behaves childishly and impulsively: first, by hammering purposefully in sync with Howard, and second, by giving him a hundred dollar bill so the man can take his large family of children to dinner. Later, Mr. Jones walks like a tight-rope entertainer along a rooftop beam, proclaiming his desire to fly. Mr. Jones reaches the end of the beam, and the camera shot reveals the extreme dangerousness of Mr. Jones’ situation. Putting his life in such jeopardy, Mr. Jones is his own worst enemy. He stands on one foot on the edge of the beam, one foot in the air. An ambulance appears

below. Howard meanwhile ties a rope around his waist and ventures out along the beam in order to pull Mr. Jones back to safety.

Dr. Elizabeth “Libbie” Bowen, a hospital psychiatrist, races to a meeting, late for work. Dr. Bowen’s supervisor is orienting a group of young doctors to the hospital. The supervisor laments the “dire” situation at the hospital with its staff cuts. Its “unofficial policy” is to “evaluate, medicate, and vacate.” A patient in the scene hides under a blanket, her hand to her head in the position of melancholy. Another sits slumped on a couch, while a third has a glazed stare and disheveled hair. After the supervisor departs, Dr. Bowen and Dr. Shaye, another staff psychiatrist, lead the students on rounds.

The group enters Mr. Jones’ hospital room. Dr. Shaye motions the students into the room and around Mr. Jones’ bed, joking that Mr. Jones “won’t bite . . . we hope.” Mr. Jones lies in bed, shielding his eyes from the visitors and bright light above him. Dr. Shaye reads a medical chart, describing Mr. Jones as a 35-year-old man who was “highly agitated, delusional, and having auditory hallucinations.” The police brought Mr. Jones to the hospital for walking on top of a roof. A resident on duty diagnosed Mr. Jones with paranoid schizophrenia and administered Haldol. Mr. Jones, who is heavily narcotized, struggles to speak and barely articulates his last name. A tear rolls down his cheek; his portrayal here is one of incapacitation and vulnerability to doctors and the medical establishment.

Viewers learn more about Dr. Bowen in a few brief scenes. She recently experienced a painful break-up, and her clinical work at the hospital is demanding. The film shows a couple of clients in therapy with Dr. Bowen. These individuals exhibit signs of “mental illness,” such as having racing thoughts and pressured speech, extreme affect,

delusions, and paranoia. The weight of their struggles wears on her; she presses a finger to her brow, signaling fatigue.

In a corridor outside the hospital, Mr. Jones, still fixated on flying and flight, watches a hang-glider before approaching Dr. Bowen. He speaks with her jokingly, repeating and rhyming words, and when she calls him by his name, he exclaims, “Get the net!” Mr. Jones is leaving the hospital, and she asks him about his wellbeing. Instead of answering her directly, he comments on her marital status and observes she seems “fragile,” as if recently hurt. When he departs, he calls her by his first name, Elizabeth. She gives him her business card and invites him to contact her for therapy. Dr. Bowen later discusses Mr. Jones’ case with her colleagues, asserting that the schizophrenia diagnosis is inaccurate. She asserts that he is “manic.” One of the doctors notes Mr. Jones refused medication.

Mr. Jones’ mania accelerates after his release from the hospital. In a scene of playful solipsism, he dances and mimics the moves of James Brown before going to a bank to close his account, which has been opened for only a week. He withdraws \$12,000 and calculates the interest before being told the amount. He later takes the bank teller, an attractive young woman, to lunch and to a piano store, describing pianos as “women’s bodies.” His musical abilities become apparent as he plays one of the pianos, purchasing another. The bank teller and he eventually end up at a posh hotel, then out on the town for a limousine ride to the symphony. Instead of taking his seat, Mr. Jones is so moved by the symphony that he walks on stage and conducts—his manic episode rising to its crescendo.

His actions land him back into the hospital; this time, five uniformed attendants put him in four-point restraints. Mr. Jones shouts and struggles on his hospital bed. Dr. Shaye remarks that halting Mr. Jones' mania is "like stopping a space shuttle with a rubber band." Dr. Bowen enters the room, and Mr. Jones beseeches her to release him from hospital. Coated in sweat and appearing wild-eyed, he mutters numbers and other nonsensical phrases to himself. Dr. Bowen informs Mr. Jones he has "manic-depressive disorder," which is a "disease" just like diabetes. Dr. Shaye adds that his disorder is a "highly treatable chemical imbalance." Mr. Jones reacts to these pronouncements by telling the doctors he has been in and out of mental hospitals for 20 years, and that he does not have a "disease." He proclaims his disorder is simply who he is. A nurse injects Mr. Jones with a syringe filled with a sedative, causing him to sleep. Dr. Bowen likens the sedative to ingesting a whole bottle of wine.

Mr. Jones next appears in court at a hearing to determine if he should be involuntarily committed to a mental hospital. The judge speaks slowly and deliberately to Mr. Jones, indicating that his mental illness may make it hard for him to understand her. Mr. Jones answers the judge's questions without difficulty, although he repeatedly interrupts others during the trial. On the stand, Dr. Bowen describes Mr. Jones as having "bi-polar, manic-depressive disorder" and being a danger to himself, especially if he becomes depressed. Mr. Jones argues successfully to the judge that he should not be committed. After the hearing, he follows Dr. Bowen outside and asks her probing, inappropriate questions about her personal life. She finally yells, "Shut up!" Dr. Bowen apologizes to him and agrees to drive Mr. Jones home, as he does not have any money. Mr. Jones is also hungry and convinces Dr. Bowen to stop at a pier and buy them lunch.

They eat French fries and talk. He jumps onto the pier's railing and invites her to do the same. Later, Dr. Bowen shares personal information as they walk along the beach. They appear like a couple on a date, not a psychiatrist and patient. Boundaries become more blurred when she drops him off at his apartment. He touches her cheek and briefly massages her neck. When he touches a sore spot on her back, she arches her neck quickly and suggestively. She tosses a prescription bottle of lithium to him after he gets out of the car. After she drives away, he disposes the pills in a trashcan.

Mr. Jones ventures back to the worksite to pick up his tools. The foreman calls him a "fucking lunatic" and orders him "to get lost." The carpenter, who saved Mr. Jones, has the tools and invites Mr. Jones to his home. Appearing sad and out-of-place, Mr. Jones spends the evening at the carpenter's house and helps one of the man's sons with his homework. The scenes at Howard's home subtly contrast Mr. Jones' compromised personal circumstances with Howard's full family life.

Mr. Jones' mood shifts, and the film depicts his depression through several scenes, including one in which he stands in moving traffic. His disregard for his safety again casts him as his own worst enemy. Mr. Jones has not shaved, and his face is drawn. Melancholy piano music plays in the background. The carpenter, concerned about Mr. Jones' mental wellbeing, calls Dr. Bowen. She somehow enters his apartment and is present when he returns after wandering the city.

Mr. Jones returns to the hospital. An attendant dressed in yellow raingear stands and scrubs a naked Mr. Jones, seated in shower stall chair. Later, Mr. Jones engages in therapy with Dr. Bowen. She videotapes the sessions and states his issues are both biologically and psychologically based. She adds it will take "hard work" for them to

understand and process his painful feelings. Life at the hospital includes occupational and group therapy. Patients seen in hospital shots appear disheveled and act abnormally, appearing “crazy.” While in an expressive movement session, for instance, a patient tilts his head back and gapes, one dressed in an oversized smock hangs onto tree, while another presses his hands to his temples, hunched over. Mr. Jones does not engage in art activities. As a “sick” patient, he ingests medication out of paper cups.

Back in therapy with Dr. Bowen, Mr. Jones lies about his first episode of mental disorder, and then discloses the truth. He overdosed on 73 Tylenol pills while in college. Howard visits Mr. Jones in the hospital. During their visit, other patients approach Howard. These individuals act out stereotypically; one accosts Howard with delusional talk about environmental harm. Howard hugs Mr. Jones, gives him a 100 dollar bill, and invites him to call. The interaction between the two is a positive one. Howard expresses warmth and kindness to Mr. Jones.

Later at the hospital, Dr. Bowen approaches Mr. Altman, a teary-eyed patient standing in a hallway. He is morose because his wife did not visit him. Dr. Bowen invites Mr. Altman to return to the ward and call his wife. After she places her hand on his back, the patient grabs her by the wrist and then by the throat. Mr. Altman strangles her, lifts her into the air, and presses her against a door in a complete choke-hold. The patient’s actions connect mental illness with violence and unpredictability; it is a terrifying scene due to the randomness and seriousness of the aggression. Mr. Jones witnesses the attack and dashes toward Dr. Bowen to rescue her. He sets off a fire alarm and finally manages to break through locked doors to intervene. He confuses Mr. Altman by telling him “he looks good.” Several hospital attendants arrive and physically restrain both Mr. Jones and

Mr. Altman. Dr. Bowen, barely able to speak, informs a couple of attendants that Mr. Jones is not at fault. The scene is of extreme chaos; other patients gather and shriek. It takes several men to subdue and restrain Mr. Altman. After the attack, Dr. Bowen does not disclose that the patient had strangled her, but acknowledges he hit her. Her reasons for not sharing this information with hospital staff is provocative: Would Mr. Altman be punished for his actions? She thanks Mr. Jones for saving her and later observes him playing the piano in an empty room.

That evening, Mr. Jones sits on his bed and watches his hands tremor, possibly from the medication. He grows weary of hospital life and eventually explodes at a nurse who asks him to take his medication. He hits her medication tray, scattering paper cups and pills. Mr. Jones processes his feelings with Dr. Bowen and admits he is a junkie for euphoria, misses his manic “highs,” and came to the hospital because she is there. His posture is that of the melancholic; he is seated, hunched over, with his head in his hands. In a somewhat unprofessional stance, Dr. Bowen squats, rather than sits, in front of him. He tells her he “has never been normal.” His personal struggle awakes something in her. Teary-eyed, she reaches out and touches his hair, somewhat suggestively. He starts to kiss her hand, and then stops.

The bank teller, who spent the afternoon with Mr. Jones, comes to the hospital and asks to speak with Dr. Bowen. She wants to see Mr. Jones and leaves her telephone number with Dr. Bowen. The psychiatrist does not reveal if Mr. Jones is a patient in the hospital. The teller states that Mr. Jones mentioned a woman in his life, Ellen, now deceased. Dr. Bowen seeks to learn more about Ellen and inquires at the conservatory where Mr. Jones studied.

She also asks Mr. Jones to talk about Ellen in therapy. Reclining on a small couch, he describes Ellen as the one person who really loved him. Dr. Bowen inquires further about Ellen, questioning him about the circumstances of her death, and to verify her last name, Ryan. Realizing Dr. Bowen investigated his past without his knowledge or permission, he sits up, faces her, and calls her “a very, very sick mother-fucker.” Dr. Bowen confronts Mr. Jones further by informing him she knows Ellen is alive and left him because he would not deal with his mental-health issues. He reacts aggressively to the confrontation by tossing some of her belongings and shouting profanities at her. Roles become reversed, and Mr. Jones charges Dr. Bowen of being “sick.” He storms out of her office and into a rainy night with his personal items in a paper bag.

She pursues him in her car, beseeching him to get in and talk. He kicks the car, and exclaims, “Lady, get away from me. You’re sicker than I thought you were. Get out of here.” He continues to savagely kick the car and refuses to speak with her. Dr. Bowen, undeterred, gets out of her vehicle and chases Mr. Jones into a wooded area. The rain falls heavily on the two of them, as they shout at one another like injured lovers. Dr. Bowen grabs a hold of him and apologizes for looking into his past, noting she has never “invaded a patient’s privacy” before. Mr. Jones denies being her patient and states he will never look for a friend in a hospital again. She tells him that if he commits suicide, it will leave her “with an intensely human, unprofessional rip in [her] heart.” Piano music adds to the dramatic nature of the scene. He takes her hand, calls her by her first name. They kiss passionately, commencing a taboo romance between doctor and patient.

The next time she sees Mr. Jones, he waits for her behind a vending machine in the hospital. His visit surprises her; he compliments her smile and leaves. Although

preoccupied with thoughts about Mr. Jones, Dr. Bowen continues to see clients. She speaks with an unnamed female patient with disheveled hair. The patient wipes away her tears and pleads, “You’re a doctor, you can fix my life, right?” The psychiatrist does not answer her.

Dr. Bowen admits her sexual encounter with Mr. Jones to Dr. Shaye. The other psychiatrist is disgusted by her actions and declares she may lose her job and could be prosecuted and serve time in jail. He takes a strong position regarding the protection of a patient and instructs Dr. Bowen not to see Mr. Jones again, or he will inform the hospital of her transgression. After listening to his admonishment, Dr. Bowen responds, “It’s too late.” Dr. Bowen later resigns from the hospital, apprising her supervisor of her professional misconduct.

Dr. Shaye decides to transfer Mr. Jones to a different hospital. Mr. Jones wants to hear about the transfer from Dr. Bowen directly and goes to her office. Other patients, hospital staff, and eventually Dr. Shaye follow Mr. Jones to Dr. Bowen’s closed office door. Mr. Jones will not move away from Dr. Bowen’s door until hospital staff members violently restrain him. The other patients scream during the incident. Sitting in the backseat between two uniformed attendants, he is escorted to the other hospital. He appears drugged and glassy eyed. Mr. Jones does not stay at the new hospital for long, however.

Mr. Jones is back on the streets, and his actions cast him as angry, impulsive, and unpredictable. He kicks a trash can repeatedly and kisses a strange woman, angering her boyfriend. Edgy music and jarring traffic sounds in the background mirrors his chaotic actions and inner turmoil. His mania resurfaces, as further evidenced by Mr. Jones’

pressured speech and erratic behavior. He steals a vintage motorcycle and visits Howard's home where he asks for his tools back. His carpenter friend observes Mr. Jones' irritability and instability and calls the hospital to apprise Dr. Bowen of the situation.

Mr. Jones returns to the construction site and to the edge of the same rooftop beam he walked on at the start of the film. He stands poised to fly, to commit suicide by leaping off the beam. The film intercuts images to intensify the emotional tenor of the scene. Viewers see Mr. Jones on the beam, a roaring jet airline overhead, blinding white sunlight, and Dr. Bowen below who holds her head in her hands in terror at the scene. He does not leap to his death. The camera zooms in to just his eyes; he squints hard as if in pain or awakening from a deep sleep or trance. Spittle glistens on his chin. Dr. Bowne has made her way to the top of the roof and approaches him. Mr. Jones walks off the edge of the roof beam and sits down. He tells Dr. Bowen he "wanted to fly" but cannot. Both of them are teary eyed. He then asks, "Now what?" She answers, "coffee." The film ends with sweeping orchestral music. The two kiss and embrace.

The following icons appeared in the film:

Icons	Frequency
Staff (broom)	1
Naked	1
Clothes in disarray	2
Eyes cast down	4
Hands grasped to face	7
Clenched fists	4
Wringing hands	1
Hidden hands	8
Seated	5
Restrained	4
Musical icons	4
Held/guided by warders	7

Facial expression of fear	2
Facial expression of terror	2
Lighted window	7
Shaft of light	3
Individual illuminated	3
Flailing limbs	4
Body invasive technique	2
Ship of Fools/confinement	2
Cage	1
Bedlam	2
Hospital white	15
Bandages	1
Wheelchairs	1
Glazed stare	5
Locked door	1
Art icon	3
Playing games	2
Disheveled hair	6
Rain	1
Alarm	1
Ambulance	1
Shuffling	2

Additional icons not listed on the rubric appeared in the film:

Medication (pill bottle, tray)	3
Paper cup	3
Syringe	1
Cigarette	4
Television	1
Hospital identification band	15
Crying/tears	6
Sobbing	2

The following stereotypes of mental disorder occurred in the film:

Stereotype	Image	Speech
Dangerous	4	2
Object of violence	4	2
As atmosphere	15	10
Pitiable and pathetic	3	3
Sexually deviant	3	2
Incapable	2	2
Comic figure	1	1
Own worst enemy	3	3

Burden	2	3
Mentally ill/pathological	9	12
Creative (intellectual) genius	3	2

By and large, the film portrays people with mental disorder in stereotypical ways. Mr. Jones, and the patients at the hospital in which he stays, exhibit clinical signs and symptoms of mental illness. The mentally ill/pathological stereotype emerges through diagnostic and descriptive language, medically themed images, and characters' behaviors. At the start of the film, Dr. Shaye informs hospital residents that Mr. Jones was "agitated," "delusional," and experiencing "auditory hallucinations" at his time of admittance. The first physician diagnoses Mr. Jones as having "paranoid schizophrenia" and administers Haldol, an anti-psychotic medication. Dr. Bowen uses clinical language to describe Mr. Jones during a case consultation and while at a competency trial, referring to his condition as "bi-polar manic-depressive disorder." Furthermore, Dr. Bowen claims his bi-polar disorder is a "disease" with biochemical etiology. She wants him to get "well," an expression likening his condition to sickness. Several icons associated with madness and medical pathology underscore the mentally ill stereotype, including a wheelchair, ambulance, syringe, pill bottle, medication tray, paper cups with medication, hospital identification bracelets, and hospital white uniforms and linen.

Mr. Jones' and other patients' behaviors cast them as being "mentally ill," too. The film depicts Mr. Jones' manic and depressive episodes by showing him trying to take flight by walking on top of a roof beam high above the ground, emptying his bank account, spending money recklessly, speaking rapidly and incoherently, taking a strange woman out on the town, walking on stage during a symphony and conducting the orchestra, and stealing a motorcycle. Unshaven and unclean, he wanders the streets

purposelessly during his depressive episode, eventually collapsing into Dr. Bowen's arms in tears and extreme physical fatigue. Other patients in the film behave in ways to represent mental illness, and as such, perpetuate the atmospheric stereotype of mental disorder. Several scenes show individual patients talking about their personal problems and emotional distress. In some of these scenes, nothing appears in the frames behind the patients, partly because Dr. Bowen is filming them in therapy. Regardless, these shots reduce the patients to solitary figures consumed by their problems and pain. Some of their issues include suicidal ideation, depression, despair, and paranoid delusions. None are cast sympathetically, but demanding and needy. Dr. Bowen's distracted expression shows a weariness regarding her clinical work.

These characters also play the part of being "mental patients" through appearance, dialogue, and therapeutic activities. Most appear disheveled, disengaged, emotionally upset, or comatose; wear hospital identification bands; and speak mainly about their inner struggles. On a couple of occasions, patients shout and scream during chaotic events, such as during the restraint of a patient. Their cries became the sounds of pandemonium, the cacophony of "Bedlam." Quieter times occur, too, as when patients engage in group, art, and movement therapies. Patients appear in the background during various scenes in the film, constructing a hospital environment, by being guided by a warder, sitting in a wheelchair, or milling around a visitors' room.

Patients become their own worst enemy in scenes and dialogue concerning attempted or actual self-injury. Mr. Jones walks along a roof-top beam a few stories above the ground. The first time he does so, he wants to fly; the second time is a suicidal gesture. He attempts suicide years earlier by ingesting 73 Tylenol. During Mr. Jones'

competency hearing, Dr. Bowen informs the court that Mr. Jones could be a “danger to himself” during the depressive phase of his disorder. Later in the film, he becomes such a danger when he fails to take care of himself while depressed. An Asian-American, female patient perpetuates the own worst enemy stereotype when she commits suicide. The film shows her deceased and bloody in a bathtub.

The dangerous stereotype is activated through Mr. Altman’s and Mr. Jones’ actions. Mr. Altman, without warning or provocation, nearly kills Dr. Bowen after she attempts to console him in the hallway. After pushing her to the ground, he puts his hands around her throat, strangles her, and lifts her off the ground. He then covers her mouth, further suffocating her. Mr. Jones’ intervention is the only reason Mr. Altman released Dr. Bowen; and after he did, Mr. Altman only remarked about his fears concerning his wife’s infidelity—not on what he had done. Mr. Altman’s behavior cast mental disorder as a source of unpredictable, irrational violence. Mr. Jones acts out, as well, but with less violence and not directed at people. He screams at Dr. Bowen and tosses some of her personal belongings in her office. He also punches a medicine tray out of a nurse’s hand and repeatedly kicks Dr. Bowen’s car’s tire when she pursues him leaving the hospital.

The attack on Dr. Bowen deploys the object of violence stereotype as well. Hospital staff aggressively restrain both Mr. Jones and Mr. Altman. Several attendants bodily carry Mr. Altman, kicking and flailing in their grasp. Mr. Jones is restrained, too, such as when he is admitted after being brought in by the police for disrupting a symphony concert. Attendants secure him in four-point restraints, and one administers a syringe of medication into his buttock. In speech, Mr. Jones communicates this stereotype when he begs Dr. Bowen to release him, saying “I’m dying.”

Mr. Jones also appears as sexually deviant, incapable, pitiable, and a burden in the film. His taboo romantic relationship with his psychiatrist, shown through speech and images, communicates sexual deviancy. His inability to maintain employment and take care of himself without the assistance and goodwill of others depicts Mr. Jones as someone who struggles to exist in everyday life. Other narrative events communicate these themes, too. Mr. Jones asks Dr. Bowen to buy him food and take him home as he lacks money and personal transportation. He appears at a competency trial to determine if he should be committed involuntarily. While there, the judge condescends to him by over-articulating her words. The foreman who hired Mr. Jones to work as a carpenter disrespects him when he comes back to the construction site for his tools. He calls Mr. Jones a “fucking lunatic” and tells him “to get lost.” Mr. Jones tearfully discloses his own sense of being pitiable and a burden, saying he is “too much trouble for everyone.” His hands shake from the medication.

Stereotypical representation of mental disorder occurs through the portrayal of Mr. Jones as an occasionally comic figure and as a musical genius. Dr. Shaye jokingly quips to the hospital residents that Mr. Jones will not “bite” them, a comment which elicits laughter. Also, the film shows Mr. Jones, by himself on the street, impersonating James Brown. His actions cast him as silly and strange. Scenes in which he plays the piano with great skill portray him as musically gifted, however. His disclosure that he learned to play Mozart when he was three years old and his commentary about Beethoven’s music further represent the “creative genius” stereotype of mental illness.

Positive portrayals of mental disorder do not occur in this film. His interpersonal interactions and romantic encounters, while at times friendly or mutually desired,

ultimately are not positive. Howard's involvement with Mr. Jones, for instance, are expressions of charitable concern, not genuine friendship. At Howard's home, Howard looks at Mr. Jones across the dinner table with uneasiness and apprehension. In the visiting room at the hospital, Howard gives Mr. Jones money, encouraging him to call if he needs assistance. In addition, Mr. Jones' romantic engagement with Dr. Bowen could be seen as compromised as it involves professionally unethical behavior on the part of psychiatrist and her patient, representing a serious imbalance of power. Such an imbalance is superficially and strangely represented in how they address one another. Dr. Bowen never refers to Mr. Jones by his first name, although he calls her Elizabeth. Their romantic embrace and conversation at the end of the film is wholly unbelievable, too. Dr. Bowen asks Mr. Jones, just minutes after attempting suicide, to get a cup of coffee with her. He converses rather lucidly given the circumstances of the situation. They then kiss in the ebbing sunlight—a neat wrap-up to a far-fetched story.

***12 Monkeys* (1995, Universal Pictures)**

James Cole, played by Bruce Willis, travels through time in order to learn more about a deadly virus that annihilated the world's population in *12 Monkeys*. Scientists in the future transport James to the past to gather evidence about the outbreak. During one of his missions, James lands in a psychiatric hospital instead. The next time James returns to the past, he kidnaps his psychiatrist, Dr. Katherine Railly, enlisting her help. He believes the mysterious Army of the Twelve Monkeys caused the deadly outbreak. At the end of the film, Dr. Railly and James learn that the Army is not the cause, but a single actor, whom James chases at gunpoint in an airport. Police kill James, a scene that recurs throughout the film in James' dreams.

To the sounds of typing, the movie opens with an excerpt from a 1990 interview taken in Baltimore County Hospital with a "clinically diagnosed paranoid schizophrenic": "Five billion people will die from a deadly virus in 1997. . . . The survivors will abandon the surface of the plant. . . . Once again the animals will rule the world."

The patient's premonition becomes a reality. A virus wiped out the human population on earth; survivors live underground, including prisoner James Cole. James dreams as his name is being called over a loud speaker. In his dream, a boy, also named James, witnesses the shooting of a man running in an airport. A stricken woman races after the fallen man, holding his bloody hand to her face—a premonition of events to come.

James sleeps in a hammock in a small, completely screened-in cage. Other prisoners in similar cages surround him. He speaks with Jose, a prisoner with a scarred face, in an adjacent enclosure. He informs Jose that the inmates on the 7th floor are

“messed up in the head,” “their brains do not work,” and are kept hidden. Jose tells James such claims are merely rumors. Meanwhile a large hook lifts a prisoner into the air, a dehumanizing image.

James is being called for volunteer duty. The warders at the facility in which he resides send volunteers above ground to collect living specimens, such as insects, to better understand the virus that annihilated the world’s population years earlier. James suits up in layers of protective, surrealistic gear and a breathing apparatus to prepare for his expedition. The setting’s industrial details and sounds cast an ominous tone.

Scenes from the vacated world further create a sinister atmosphere. James investigates a bleak urban landscape, searching for evidence. During his explorations, he crosses paths with a menacing bear, and a lion and an owl appear on buildings. Under a layer of ice, he finds an image of a red monkey, the Army of the 12 Monkeys’ symbol, and the writing, “We did it.”

Two helmeted and rubber-suited attendants hose and scrub James in an industrial shower area upon his return. After cleaning up, he injects himself with a massive syringe. Warders escort James in arm restraints to several, white-coated scientists for questioning. The scientists sit side-by-side along at an illuminated table. Packed all around them are mechanical devices; they appear to be part of the machinery that surrounds them. One of the warders informs the group that James has a history of violence and anti-social behavior and is serving a jail sentence. A scientist asks James if he will hurt them. James answers, no. They direct James to sit in a chair with arm restraints, warning him it would be “mistake” if he declined to participate in their investigations.

The year is 1990, and psychiatrist Dr. Katherine Dr. Raily's pager summons her from a museum talk to a city jail, a place of chaos, filth, and neglect. An inmate with a glazed stare crouches behind and holds onto the bars of his cell. Others pace, scream, and reach through their bars. A policeman walks with Dr. Raily to James' holding cell. He claims James was irrational, disoriented, and harmed several police officers, putting two of them in the hospital. The officer believes James was "stoned out of his mind" and experiencing a "psychotic episode," though he "tested negative for drugs." The medic on call injected James with "enough Stelazine to kill a horse."

James, badly bruised and drooling, squats on the floor fully restrained in chains at the hands and feet. His posture echoes that of the patient in Charles Bell's *Madness*. A uniformed and armed policeman unlocks James' cell door. Dr. Raily enters the cell and introduces herself to James. He rocks and demands to be released. Dr. Raily asks James if he has been institutionalized before. James remarks on the "wonderful" germ-free air around them and does not know the correct time and year, thus appearing delusional to Dr. Raily.

Guards escort James, clad in handcuffs and chains, to a truck waiting to take him to a psychiatric hospital. In a second shower scene, white-uniformed hospital attendants wash James in a decrepit shower stall. The attendants next escort James, now dressed in pajamas and a white bathrobe, to a locked, crowded mental ward.

A television, mounted on the wall in a wire cage, plays cartoons. The cartoon characters jump and spin around, acting "crazy." Grotesque flakes of peeling paint roughen the walls. An attendant calls for Jeffrey Goins, a patient played by Brad Pitt, to give James a tour of the ward. Jeffrey has his head hidden inside his sweatshirt, which he

pulls out to a “pop” cartoon sound effect. He agrees to take James on tour for \$5,000, thumbing his mouth like a child when speaking with the attendant.

Jeffrey shows James around the ward, yelling at a disheveled patient who sits in his chair. He points out toys and games, some of which are locked behind screened doors. Jeffrey walks behind one patient playing a game, moving his hand behind her neck in quick stabs, perhaps mimicking the actions of a lobotomy. Jeffrey claims that “playing games is like voluntarily taking a tranquilizer.” Jeffrey likens medication to “chemical restraints” and quickly questions James about whether he has taken any medication, listing several antipsychotics. Jeffrey encourages James to know his drugs and their doses.

James furtively inquires about making a telephone call. Jeffrey laughs about such a request, noting the doctors control outside communication. He adds that most people on the ward are not “mentally ill” but are incarcerated because of the “system.”

Gesticulating and grimacing as he speaks, Jeffrey further communicates an Anti-Psychiatry ethos by exclaiming that people who do not buy things, such as cars and blenders, are not good “citizens,” but outsiders who have mental disorder. A nurse cautions Jeffrey on his accelerated speech, warning him he will get a “shot” if he does not calm down. The cartoons on the screen continue to depict insanity, and the patients in the background engage in mindless activities and look odd, such as wearing mismatched clothing or bunny slippers. Scribbled artwork appears randomly taped to the walls; one sheet of colored scrawl rests on the floor. The nurse warns Jeffrey a second time about his behavior; he stops his agitated flow by slamming himself into a screen door and then runs off to yell at a patient sitting in his chair. Another patient, dressed in black tie,

matter-of-factly informs James that he escapes reality through “mental divergence,” although he does not come from outer space. The patient asks James if he is “divergent,” resting his head on James’ shoulder.

James next sits in front a row of doctors. The room resembles an empty gymnasium, and hospital white appears in the tiled walls, flooring, doctors’ coats, and attendants’ uniforms. Light streams in through large windows. James calls the patients on the ward “crazy” and claims he is not. Two attendants quickly restrain James when he gets up and walks over to the seated doctors. James describes his mission to obtain information on the pending viral attack. The doctors look knowingly at one another: James appears delusional to them. One doctor sprays his breath with a freshener; another smokes. A tin of cookies sits on the table.

Patients on the ward sleep next to one another in a ring configuration. One appears in leg restraints with a bedpan close by. James, wearing a hospital identification band and bandages, lays awake. Jeffrey whispers to James about the impossibility of escape as the window grills are welded on and the doors locked in order to keep the people on the outside “safe” from the patients. Jeffrey continues, “Crazy is majority rule.” Still mindful of his mission of collecting specimens, James captures and swallows a large spider. Jeffrey offers to help James escape. Jeffrey informs James that he knows people who will alert his (Jeffrey’s) father about his current situation. According to Jeffrey, his father, a Nobel-winning virologist, will have him transferred to an institution with better care. Jeffrey’s behavior escalates, and he starts shouting. Attendants unlock a screen door and enter the ward. Jeffrey moons them, tears up a feather pillow, and then hops on patients’ beds, portraying “insane,” out-of-control behavior. Attendants

physically restrain Jeffrey, carrying him off the ward. Jeffrey's outburst awakens the other patients who act out—the scene fills with flailing arms and shrieks, a place of Bedlam.

The following morning on the ward, James writes with a green crayon while another patient plays with bubbles. On the television, a show depicts inhumane animal experimentation. Jeffrey observes the television and comments, "We're all monkeys." An attendant brings medication over to James and Jeffrey. Jeffrey gives one of the attendants "the finger." James later watches television with another patient who holds a small doll in his hands. Donned in a ski cap, the patient with the doll has bad teeth and drools prolifically. James drools, too, from the medication. Jeffrey attempts to gain James' focus by showing him a key and proceeds to act out to distract the hospital staff, giving James the opportunity to escape the ward. While James succeeds in getting past a guard on the floor, he is intercepted by several attendants. They violently restrain him, returning him to the ward on a gurney. They give James more medication and leave him in four-point restraints in solitary confinement. James shrieks and struggles throughout the ordeal. One of the attendants ends up with a skull fracture.

James disappears, returning to a solitary cell in his present year. He is unsure if the voice he hears is imaginary or from a person in another cell. Reality and fantasy become blurred. James recalls the image of the man being shot in an airport. The facility scientists interrogate James about his return to the past. He acknowledges seeing Jeffrey in a series of photographs they share with him. James agrees to venture to the past again.

Naked, hooked to wires, he travels back in time through a plastic tube. He is not returned to 1996, but to the trenches of World War I, where a soldier shoots him in the leg. There, he recognizes fellow inmate Jose, injured on a stretcher.

The film jumps to the winter of 1996, when Dr. Raily is giving a lecture on “Madness and Apocalyptic Visions.” She walks to her car alone after the talk. A masked man with a gun forces her into her car and commands her to drive to Philadelphia; she complies and recognizes the man as James. While she cries, he enjoys the car radio’s music and sticks his head out the window, mouth open and shouting, relishing the air.

Police officers and a friend listen to Dr. Raily’s home answering machine, which contains a message from the hospital informing her that the “paranoid” who escaped from solitary confinement is looking for her. Meanwhile, Dr. Raily and James are at a hotel. Cartoons play on the television while he dreams about the man being shot in the airport. This time, he recognizes Dr. Raily in the dream, although she has differently colored hair. He tells her, whom he has tied up on one of the beds, about the dream.

Out of bondage, Dr. Raily drives James to Philadelphia to continue his quest to learn more about the viral outbreak. He orders her to stop the car when he sees “12 Monkeys” symbols painted on some buildings. She does not drive away when she has the chance to do so. Instead, she follows him on the streets. They venture to an abandoned building, where two men attack Dr. Raily and James. James kills one of them in defense.

The two later enter a shop, where James threatens three workers at gunpoint for information on the Army of the 12 Monkeys, a vigilante, animal-rights group led by Jeffrey Goins. Dr. Raily announces she is a psychiatrist, and that they should comply

with James' requests, as he is "disturbed and dangerous." After tying up the store clerks, he asks them about the Army and learns more about Jeffrey and the group's activities.

Dr. Raily and James leave the city in a stolen car. She notices James' injured leg and persuades him to stop so she can attend to his wound. In a secluded, wooded area, she dresses his wound, removing an old-fashioned gun bullet, the kind which would have been used during World War I. Dr. Raily encourages James to turn himself into the police. After telling her she smells nice, he grabs her and puts her in the trunk of the stolen car.

Later, James walks to a mansion where Jeffrey's father is holding a formal dinner party. James confronts the tuxedo-clad Jeffrey about the virus, and Jeffrey denies knowing anything. Instead, he calls James a "nutcase," "delusional," and "paranoid." James escapes the grips of a two Security guards and flees the mansion.

James returns to the stolen car, releasing Dr. Raily. Police have discovered their whereabouts. Before the police reach the scene, James frolics in a pond like a "scampering fool" and then disappears. The following day, Dr. Raily speaks with a detective about her ordeal, calling James "sick" and in need of assistance. Dr. Raily later listens to the news and learns that a child's disappearance was actually a prank. James had told her earlier that the missing boy was faking his disappearance. She begins to think James' predictions about the future may actually be true, including the one about a deadly virus.

She shares her thoughts with one her psychiatrist colleagues. He comments on her stress level, adding that she, as a trained psychiatrist, should know the difference between reality and fantasy. Dr. Raily challenges his talk, stating "psychiatry is the latest

religion,” and psychiatrists decide “what is right or wrong” and “what is crazy or not.”

The voice of Thomas Szasz looms.

James returns to the facility, and the doctors who sent him celebrate his success in discovering the 12 Monkeys group and the virologist. In restraints and covered in a child’s bed sheet decorated with Teddy bears, he is not celebratory but confused and agitated. One of the doctors injects him with a syringe of medication. He listens to a voice asking him about his real desires, which are to return to the past and Dr. Raily.

Meanwhile, the detective calls Dr. Raily at home to confirm that the bullet she removed from James’ leg is an antique. Her belief in James’ story intensifies; she takes on James’ mission. James and Dr. Raily reunite in downtown Philadelphia, as James has returned to 1996 again. The two check into a seedy hotel to avoid the police, as James is wanted for kidnapping and murder. She attempts to learn more about James’ personal history.

A strange man breaks into their hotel room and attacks Dr. Raily. James beats the man with a telephone, and the two flee the scene. Dr. Raily and James venture to a department store, where Dr. Raily buys them new clothes and wigs. Next, they go to a movie theatre and change into their disguises. Dr. Raily’s interest is no longer professional curiosity; it has become personal. She books flights to Key West for them, as James has never seen the ocean.

While James and Dr. Raily plan their escape, Jeffrey and his Army kidnap Jeffrey’s father and venture to the local zoo. There, the group releases the zoo’s creatures and puts Jeffrey’s father in the gorilla’s enclosure. The Army is ultimately not responsible, nor connected, with the pending viral outbreak.

James and Dr. Raily arrive at the airport the following morning. The two kiss, and James goes to the bathroom to adjust his fake beard. There he hears a disembodied voice; he is unsure if it is real or not. James speaks with it.

The virologist assistant also appears in the airport; he actually is the one with the lethal viral samples. He manages to get through security with his vials. Waiting in line at a snack shop, Dr. Raily recognizes the assistant from a newspaper photo. Surmising the real threat, she informs James about the assistant, and the two of them attempt to stop him. James chases the assistant with a raised gun. The police fire and kill James, and the assistant escapes. Dr. Raily runs to James' side as he lay dying, re-enacting the scene James had dreamed about for years, including being witnesses by the young James.

The assistant takes his seat on a plane departing for San Francisco. A scientist from the future sits next to him. She introduces herself as "Jones" and identifies her line of work as "insurance"; the assistant does not give his name. The film ends with the hope that she will derail the assistant's plans for mass destruction.

The following icons appeared in the film:

Icons	Frequency
Staff (broom)	1
Naked	5
Clothes in disarray	8
Hands grasped to face	4
Clenched fists	2
Seated	10
Tearing hair	1
Chained	2
Restrained	19
Musical icon (piano, radio)	2
Dance icon	2
Scampering fool	1
Held/guided by warders	7
Facial expression fear	2

Criminal insanity/deviance	1
Dark asylum	2
Lighted window	14
Shaft of light	5
Individual illuminated	2
Flailing limbs	8
Body invasive techniques	5
Confinement	6
Cage (security screens, bars)	20
Bedlam	3
Hospital white	34
Bandages	9
Wheelchairs	1
Glazed stare	2
Locked doors/keys	9
Art icon	7
Gurney	4
Doll (stuffed bear, troll doll)	4
Hospital technology	3
Playing games	6
Disheveled hair	6
Reading, book	1
Alarm	1
Shuffling	2

Additional icons not listed on the rubric appeared in the film:

Medication (medication tray)	1
Paper cup	1
Syringe	4
Television	11
Crying/tears	2
Hospital I.D. bracelet	4
Spider	1

The following stereotypes of mental disorder occurred in the film:

Stereotype	Image	Speech
Dangerous	14	9
Object of violence	8	2
As atmosphere	13	2
Pitiable and pathetic	6	4
Sexually deviant	3	1
Incapable	-	1
Mentally ill/pathological	3	8

James Cole behaves violently and dangerously throughout *12 Monkeys*, perpetuating one of the media's most common stereotypes of mental illness. At the beginning of the film, warders inform a panel of scientists that James has a history of violent, anti-social, and defiant behavior, along with a "disregard for authority." Foreshadowed as a menace and threat to society, James acts out his violent tendencies, sometimes in self-defense. He fights policemen and hospital attendants who attempt to restrain him, causing some of these individuals to be hospitalized for injuries. The regular appearance of locked doors, screens, and bars on the ward communicates a need for security, too.

Pretending to have a gun, he kidnaps Dr. Railly in order to get her assistance for his quest. He pushes her aggressively into her car and orders her to drive him to Philadelphia. Before heading into the city, they spend the night in a hotel room, where he tethers her to one of the beds. At one point, he warns her, "Don't do anything crazy, or I'll hurt somebody." Throughout their travels, Dr. Railly and James listen to news reports about their disappearance. These reports refer to James as a "former mental patient" or "dangerous mental patient" with a history of violence—a reflection of how mental health status is often mentioned in media stories on violent crimes. James and Dr. Railly also appear on a "Wanted" law enforcement sheet.

In the city, two thugs savagely attack Dr. Railly and James. James punches and kicks the men in defense, killing the one about to rape Dr. Railly. Other violent episodes follow. James, seeking information on the Army, threatens three members of Jeffrey's vigilante group at gunpoint and ties them up with plastic wrap. A menacing intruder barges into a hotel room in which Dr. Railly and James have rented for an hour. The man

punches Dr. Raily, and James retaliates by beating him with a telephone, dragging him into a bathroom, and then cutting out a couple of his own teeth with the attacker's knife. He emerges from the bathroom with a bloody mouth, blood-stained shirt, and two pulled teeth in his bloody palm. The scene is a frightening one, given the randomness of events and grotesque images.

James orders Dr. Raily to comply with his demands for assistance, including driving a stolen car to a wooded area near Jeffrey's father's home. After a strangely intimate moment between the two, James puts Dr. Raily into the trunk of the car and goes to the virologist's house to see Jeffrey. He accosts Jeffrey regarding the Army's plans; and, at one point, thrusts Jeffrey halfway over a balcony. Security workers attempt to restrain James at the party; he punches and wrestles his way free.

The film ends at the airport with more scenes of violence. Jose returns to James' present to give him a gun and instructions from the scientists. Not wanting to hear more instructions, he strangles Jose, though not fatally, and then agrees to take the gun. Later, he chases the virologist's assistant in the airport, pointing the gun at him. He does not fire the gun, as police officers shoot and kill him first, making him an object of violence.

The object of violence stereotype often appears in film images. The flashback of the police shooting James in the airport occurs multiple times in the film. James receives body invasive procedures. On a couple of occasions, attendants aggressively scrub and hose him down. He supports himself against a wall or holds onto hanging rings to remain standing during these shower scenes. One attendant examines his head for insects, positioning it forcefully in place and telling him to "relax." In other violent scenes, warders restrain James with cuffs, leather belts, and chains. He is contained in chairs, in

beds, and on gurneys. Sometimes altercations with police officer and hospital staff leave him bruised, bloody, and eventually bandaged. He is chemically restrained with high doses of medication, sometimes administered by a syringe. Lastly, James becomes an object of violence when he is shot in the leg during his time travel back to the trenches of World War I.

The atmospheric stereotype of mental illness occurs during the many instances of “mental patients” talking and behaving abnormally. Several icons of madness perpetuate this stereotype, including clothes and hair in disarray, hands grasped to face, clenched fists, flailing limbs, and glazed stares. Patients engage in random, odd, or childish activities. One patient, wearing a ski hat, gloves, and a sweater, dances with an imaginary partner. Others twirl in place, blow bubbles, watch television, hold a doll, or manipulate toy parts. Patients appear “mad” and dress oddly, recalling earlier historical writing, which claimed people with mental illness looked different than “normal” individuals. Jeffrey’s eyes are not aligned, and he wears patent leather dress shoes, pajamas, and a sweat shirt. Another patient dresses in black tie. His role in the film is to act out delusional thinking by disclosing to James that he practices “mental divergence” and is not really from outer space. Throughout most of the ward scenes, cartoons play in the background. The cartoon’s “crazy” characters and silly sound effects reflect the zaniness on the ward. James confides to the hospital doctors, “You’ve got some real nuts in here.”

Through speech and images, James is portrayed as mentally ill, pitiable, incapable, and sexually deviant. The language used to describe James activates the mentally ill/pathological stereotype of mental disorder. Dr. Raily and others refer to him as “sick,” “psychotic,” and “irrational.” James also takes medication, including anti-

psychotics. Moreover, he experiences auditory hallucinations and asks Dr. Raily to confirm whether or not the appearance of the man breaking into their hotel room is real or a hallucination. Medically themed icons underscore the pathological nature of mental disorder, such as the repeated appearance of hospital white uniforms, walls, linen, and bars; bandages; gurneys; hospital technology; syringes; hospital identification bands; and a wheelchair.

Narrative details in the film depict James as incapable. He admits to being homeless, smelly, hungry, and unable to drive, reasons leading him to kidnap Dr. Raily and enlisting her assistance. At the start of the film, his living conditions cast him a pitiable and pathetic. He resides in a small cage with only a hammock for furniture. After apprehending James, the police shackle him in chains and dress him in a plastic robe. He rocks, bleeds, and initially struggles to communicate with Dr. Raily. Medication causes him to drool and lose focus and balance. Jeffrey whacks him on the head to gain his attention. Most of the patients, including Jeffrey, can be viewed as pitiable, too. Patients bide their time sitting around in crowded, sometimes chaotic conditions.

Lastly, James' romance with Dr. Raily can be construed as an act of sexual deviancy in that the relationship is between a psychiatrist and patient—an ethical violation. It is hard to fathom that a psychiatrist would willingly disregard ethical mandates, much less her career, for a man who kidnaps her, threatens her at gunpoint, and locks her in the trunk of a car. The film portrays the two as being supernaturally linked through past events as illustrated through the airport shooting sequence. The film ends with her looking at a young boy named James, witnessing the shooting at the airport, knowingly and somewhat beseechingly.

***Don Juan DeMarco* (1995, New Line Cinema)**

Dramatic music sets the stage for a film about a young man, played by Johnny Depp, who believes he is *Don Juan*, “the world’s greatest lover.” This Don Juan finds himself in a ten-day hold at a mental hospital in Queens, where a psychiatrist on the verge of retirement takes on his care and is ultimately transformed by the young man’s passionate tales and romantic spirit.

One of the first images in the film is of old book cover for *The Original Tale of Don Juan*. The camera moves from the book to Don Juan dressing in front of mirror, putting on attire fit for a Spanish nobleman—a billowy white dress shirt, black leather gloves, red velvet vest, insignia ring and cufflinks, and a black, cloth eye mask. Speaking with an accent in a narrative voice-over, he introduces himself as Don Juan, son of a great swordsman who died defending his mother’s honor. He says he has made love to over 1,000 women, and no woman has left him unsatisfied, except one. The woman who rejected him mattered most, which is why he has decided to end his life after one “final conquest.” His socially inappropriate dress, his family and sexual history, and his desire to commit suicide depict Don Juan as sexually deviant, delusional, and mentally disordered at the start of the film.

Wearing a black cape, he enters a posh hotel dining room and approaches an elegantly dressed woman seated by herself at a table for two. He asks if he may join her, and she tells him that she is waiting for someone. Undeterred, he sits down and introduces himself as “Don Juan,” she laughs and asks if there is a “costume party” at the hotel. His “costume” and introduction make him a comical figure in her eyes. String instruments play in the background, cuing a romantic scene. Don Juan states that he gives

women satisfaction if they want it, claiming it is the “greatest pleasure they will ever experience.” With that, she drops a spoon loudly on her dinner plate. Don Juan then seduces her with sensual conversation about a woman’s body, caressing her hand. In the next scene, he and the woman make love in a hotel room. Her cries of ecstasy carry into the passionate song of a female singer and her Mariachi band; throughout the film, Latin music is a backdrop for dramatic action. Returning to the dining room, the couple dances back to their table. The woman appears visibly elated and mouths, “Thank you,” to Don Juan as he exits the room stating, “Oh, well, now I must die.”

The film’s emotional tenor shifts abruptly with images of flashing patrol car lights and police officers and the sound of sirens. The images signal to the viewer that the scene, at which Don Juan is at the center, is one of danger. A mob of onlookers has gathered to gawk at Don Juan who walks perilously on the top of a billboard advertising the beaches of the Canary Islands. A bikini-clad woman on the billboard wears the same kind of eye mask as Don Juan. She is gigantic compared to the smaller Don Juan in the film shot; the juxtaposition of the two is strange and absurd. Dr. Jack Mickler, a veteran psychiatrist played by Marlon Brando, enters the scene to assist the police. A detective approaches Dr. Mickler, and the two men’s initial attention is on one another and not on Don Juan, the person in distress. Dr. Mickler jokes with the detective and comments on the other man’s weight. The detective mentions their patronage to the “same bakery.” The conversation trivializes the situation. The detective then apologizes to Dr. Mickler and says, “I’m sorry to do this to you, Jack,” but this is a job “only a super-shrink can handle.” Dr. Mickler inquires about Don Juan’s “costume.” In the background, viewers see a fire truck, more flashing lights, police cars, and additional police officers, signaling

again the dangerousness of Don Juan's ordeal. The detective informs Dr. Mickler that Don Juan wants to dual a certain swordsman, and Dr. Mickler jokes, "Are you sure this is how Freud started?" Dr. Mickler rides a fork-lift to the top of the billboard to meet the sword-bearing Don Juan. With Latin music in the background, Don Juan asks Dr. Mickler about the whereabouts of a certain swordsman and points his sword (staff of madness) directly into the psychiatrist's chest, jabbing twice. With this action, Don Juan acts as a danger to himself and others. Dr. Mickler appears frightened and lies, telling Don Juan the swordsman is out of town and that he is the swordsman's uncle, Don Octavio. He asks Don Juan about the reasons why he wants to commit suicide, and Don Juan discloses heartache as the cause of his distress. Dr. Mickler convinces Don Juan to join him in the lift and come down from the billboard, embracing him and exclaiming, "Bravo!"

The following day, Dr. Mickler drives into work, where he must pass through secured gates (locked doors) to Woodhaven State Hospital, in Queens, which are opened and closed by a uniformed guard. The security gates and guard communicate to viewers that the inhabitants at Woodhaven need be "locked up" and separated from the larger community. Dr. Mickler next sits around a table with hospital staff discussing cases. Dr. Mickler describes Don Juan as a 21-year-old, "severely delusional," suicidal man "who believes he is someone else." When a staff member inquires about his delusional identity, Dr. Mickler informs his colleagues that the young man thinks he is "Don Juan." The staff members erupt in raucous laughter; the head doctor tells the group to "settle down" and asks if someone will accept the case. Dr. Mickler requests Don Juan's case, but the head doctor gives it to Bill, another therapist, as Dr. Mickler is about to retire. Dr. Mickler

follows up on his request to work with Don Juan with the head doctor. The two speak in a fluorescent lit hallway, where other staff members in white uniforms pass by, one guiding a patient by the arm. The appearance of other patients, guided by uniformed staff, is solely for atmospheric purposes. The head doctor declares that Don Juan's case will be long-term, and Don Juan probably will be committed to a mental institution after his ten days at Woodhaven, adding that Dr. Mickler is "burnt out" and should focus on his "early retirement."

Dr. Mickler responds that Don Juan will "do a flamingo number on Bill's head until it looks like a tortilla." Mariachi music plays again, and the scene shifts to Bill's office. Bill sits and watches Don Juan dance, quick-stepping in place and swinging his cape. Bill questions Don Juan about his suicidal behavior, and Don Juan answers by talking about sensual love, making Bill visibly uncomfortable and at a loss for words. Don Juan asks for "Don Octavio," or Dr. Mickler. Bill is distressed that Dr. Mickler introduced himself as Don Octavio to a "delusional" patient and turns over the case to Dr. Mickler in disgust.

Later, a smitten female nurse escorts Don Juan down a hospital corridor; again, the viewer sees another white uniformed nurse escorting a patient down the hall. The female nurse brings Don Juan to Dr. Mickler's office and enthusiastically volunteers to return in an hour to take Don Juan back to his room. Dr. Mickler asks Don Juan, "What are you doing to these girls?" His comment alludes to Don Juan's sexual magnetism with women, his "super-crip" ability. Don Juan picks up a musical instrument, which appears to be a recorder, and plays it in Dr. Mickler's office, complaining about having his mask confiscated. Don Juan claims to have been wearing his mask since he was 16 years old.

Dr. Mickler removes a prescription bottle from his desk drawer and asks Don Juan to ingest some pills. Acting as an equal to Dr. Mickler, Don Juan pulls the pill bottle away from the doctor and claims Dr. Mickler should take the pills as he is deluded, too, for thinking he is “Dr. Mickler” and not “Don Octavio.” Dr. Mickler tells Don Juan that the hospital can force Don Juan to take medication. At this time, a fateful agreement between the two is reached: Don Juan bargains with Dr. Mickler, stating he will share his story and prove he is really “Don Juan.” If he fails to convince the doctor, Don Juan will take the medication and agree to commitment. Dr. Mickler gives him ten days to tell his story.

Don Juan begins his story by claiming he was born in Mexico. The viewer is taken back into the past with scenes of Mexican village life. A Mexican guitar strums quietly in one scene in which Don Juan, as an illuminated baby splashing in washtub in a bathroom with bright orange walls and pots of flowers, watches his naked mother brush her hair. His mother sees her son watching her, feels his gaze, and quickly covers up. Don Juan admits, “It became evident at a very early age that there was something different about me.” He is not like other “normal” children. The volume of the film’s musical score increases, heightening the drama of his childhood. His mother becomes concerned over the attention he receives from girls and other women. Girls line up and kiss Don Juan one after the next, putting flowers at his feet; nuns smile with clear affection at the young Don Juan serving as an acolyte. His mother asks for God’s help in the matter. His “super-crip” ability necessitates divine intervention. Don Juan pauses in his storytelling.

Seated across from a checkerboard, Dr. Mickler asks Don Juan about his accent. Don Juan then tells Dr. Mickler about his father who fell in love with his mother at first sight. He describes his parents’ love as perfect, and that he was born nine months after

their marriage. Don Juan's effect on people is not just romantic, or with women. Don Juan's tales are impacting Dr. Mickler, preoccupying him. At home with his wife, Dr. Mickler barely hears his wife's conversation about a broken car. He holds a rose to his chest.

The following day at the hospital, Dr. Mickler picks flowers and brings them into work, giving them to the head doctor and a nurse, telling them that Don Juan is "fantastico." The head doctor confronts Dr. Mickler about giving Don Juan medication. He agrees to allow Dr. Mickler not to medicate Don Juan as long as he addresses Don Juan's "distracting influence on the female staff." Dr. Mickler agrees to handle the situation, and does so by assigning Rocco, a muscular male nurse, to escort Don Juan.

Don Juan meets Rocco for the first time, when Rocco comes to escort him to Dr. Mickler's office for therapy. Don Juan reads on a neatly made bed in his hospital room. On the walls are two non-descript framed pieces of art; a metal chair and cabinet are the other pieces of furniture. Cage-like metal grating covers a brightly lit window. Rocco introduces himself and then jokingly calls Don Juan, "Casanova," which insults Don Juan.

During the therapy hour, Dr. Mickler gives Don Juan a Rorschach to interpret, and Don Juan reports seeing nipples and a pubis from the vantage point of a woman's buttocks. With diplomas and a piece of artwork behind him, Don Juan sits at the doctor's desk with his feet on the desk and engages in conversation with Dr. Mickler. Dr. Mickler sits in front of the desk in the patient or visitor's place, the roles of patient and therapist reversed. Don Juan acknowledges the interpretation of reality that he is a patient in a mental hospital, but offers an alternate interpretation in that Dr. Mickler is lost to his real

self, as “Don Octavio de Flores,” another “great lover” who lost his way and his accent. Don Juan can “see” the real person behind the psychiatrist’s professional facade.

After challenging Dr. Mickler, Don Juan returns to his life story. He says his mother hired a young, beautiful woman, married to a much older man, to tutor the 16-year-old Don Juan. Don Juan fell in love with his tutor. Even though his tutor said she would “never consent,” the two began to have an affair. He declares that his tutor was his first love, and then returns to his room. While he claims it to be love, the romance with his tutor also can be viewed as statutory rape, and an instance of sexual deviancy. Later, Dr. Mickler speaks into a hand-held recorder, saying “obsessive-compulsive disorder with erotomanic features, confirm delusional disorder, and confirm depression with obsessional features,” and then goes to his office window. These diagnostic terms portray Don Juan as “mentally ill.” Outside, Don Juan teaches Rocco the cha-cha on the hospital lawn. Loud Latin music plays, and the pair—a large uniformed nurse and a man in black cape—appear as comic relief.

Back at home, Dr. Mickler plays opera, compliments his wife on her “beautiful eyes,” and kisses her. In bed, Dr. Mickler laments the mediocrity of midlife with this wife. His wife questions her husband’s recent change of mood and perspective, and he tells her Don Juan is affecting him. They embrace and turn out the lights; the next scene shows Don Juan and his tutor making love outside on blankets. His affair with this tutor comes to an end when the tutor’s husband discovers them together. Brandishing a sword, he chases Don Juan, an object of violence. The cuckolded man retaliates by claiming that he has been having an affair with Don Juan’s mother. To defend his wife’s honor, Don Juan’s father duels with the tutor’s husband, who fatally stabs him. Don Juan takes out

his sword and attacks and kills the husband. While an act of revenge, it is also murder; Don Juan's actions cast him as violent and dangerous. Don Juan goes to his dying father and apologizes for what he has done, and his father says, "You are my son." Mother and son cry and hold on to one another and to Don Juan's dying father—a scene of love, loss, and togetherness. On that day, he vows to wear a mask and never to remove it in front of anyone. Don Juan speaks movingly of his grief for his deceased father, further affecting Dr. Mickler. Dr. Mickler's personal and romantic transformation begins: He buys and uses exercise equipment and takes his wife to a fancy hotel for dinner and gives her diamond earrings.

In the following scene, the head doctor, smoking a pipe, an intertextual reference to Freud, approaches a smiling nurse escorting Don Juan, as Rocco is out of town. Next, Dr. Mickler apprises the head doctor on Don Juan's situation. He claims antipsychotic medication will make Don Juan "nuts" and turn him into a "nutcase you will never forget for the rest of your life." The head doctor asserts Don Juan is a "schizophrenic" and shares some new knowledge about the patient, such as that he lives with his grandmother in Queens. Dr. Mickler follows up on this lead and visits Don Juan's grandmother. Her version of Don Juan's life story differs drastically from the one Don Juan has been sharing. The two talk in Don Juan or "Johnny's" room where pornographic posters of a certain centerfold wearing a black face mask cover the walls. With a plastic flyswatter dangling from her arm, the grandmother says that Don Juan grew up in Phoenix, that she did not see him very much, and that his father, the "Dance King of Astoria," died in an automobile accident five years ago. She says that Johnny appeared at her doorstep three months ago dressed as "Zorro," and laughs.

Back in the doctor's office, Dr. Mickler questions Don Juan's veracity, sharing what he learned from Don Juan's grandmother. Don Juan responds to this confrontation by offering additional tales from the past, including stories that he was sold into slavery, purchased by a sultan's wife who used him sexually, and spent his evenings at the sultan's palace with hundreds of women in the sultan's harem—more examples of sexual deviancy. The truth of Don Juan's life events remains a mystery, even after Don Juan's mother, now a nun, arrives at Woodhaven.

Dr. Mickler questions Don Juan about his mother's affair with the tutor's husband. Don Juan becomes infuriated and reacts violently by throwing a potted plant across the room, shouting "shut-up" to Dr. Mickler. His hair in disarray, he picks up a stapler like a weapon and claims Dr. Mickler needs him like a "transfusion" because Dr. Mickler's "own blood has turned to dust." Don Juan challenges the validity and meaningfulness of their respective interpretation of events. Don Juan defies Dr. Mickler's reality and claims, "It is in my world that you can breathe." Dr. Mickler agrees with Don Juan's interpretation and informs Don Juan that this is their last session as he is retiring.

Don Juan responds with a final story: After escaping from the sultan and his wife, he becomes shipwrecked on a tropical island where he meets his one true love, who ultimately rejects him after learning about his sexual history. After he finishes his story, he questions Dr. Mickler, "Who am I?" Dr. Mickler requests he sit down and answers, "You are Don Juan DeMarco, the greatest lover the world has ever known." Don Juan asks, "Who are you?" Dr. Mickler responds, "I am Don Octavio de Flores . . . and that you, my friend, have seen through all of my masks." In this light, Don Juan is not a

delusional patient, but an insightful person who has helped a veteran psychiatrist find his true inner, romantic self.

Dr. Mickler gives Don Juan medication, which Don Juan takes because “many people don’t believe he is Don Juan.” Afterward, Dr. Mickler sits by Don Juan’s bedside, in a paternalistic gesture, watching him sleep. The scene raises questions, as it is unclear why the doctor would watch over his sleeping patient. The next morning, Don Juan, dressed in street clothes, appears before a judge to determine if he should be committed. The judge asks him about his life and the reasons why he wanted to commit suicide. Don Juan responds to the judge calmly and truthfully, sharing his life story as articulated earlier by his grandmother. He also admits to the origins of his obsession with the masked centerfold, that he actually spoke with her, and she called him a “creep.” He had no intention of committing suicide. The judge concludes that Don Juan “seems like a normal kid to me” and decrees against institutionalized. Hospital staff members disagree with the judge and bicker with one another, as Dr. Mickler and Don Juan depart.

The film ends with Dr. Mickler escorting Don Juan by the arm to the backseat of his car, a place where children often sit, or criminals in the case of patrol vehicles. Even though released, Don Juan remains in the role of a “mental patient” who must be guided and restrained presumably for safety reasons. Dr. Mickler, his wife, and Don Juan fly together to a tropical island. Dr. Mickler asks rhetorically whether or not Don Juan’s great love was waiting for him on the beach, and answers to himself, “why not,” adding that his last patient suffered from a “highly incurable” and “contagious” romanticism.

The following icons appeared in the film:

Icons	Frequency
Staff (sword)	3
Naked	1
Hands grasped to face	2
Clenched fists	1
Seated	6
Musical icons	4
Dance icons	3
Held/guided by warders	10
Lighted window/door	4
Shaft of light	2
Individual illuminated	2
Confinement	1
Cage (window screen)	1
Hospital white (walls, uniforms)	9
Locked doors/keys (security gates)	2
Art icon	10
Playing games (checkers)	1
Disheveled hair	1
Reading, books	1
Alarm	1

Additional icons not listed on the rubric appeared in the film:

Medication (pills, pill bottle)	2
Paper cup (pills)	1

The following stereotypes of mental disorder occurred in the film:

Stereotype	Image	Speech
Dangerous	5	-
Object of violence	2	3
As atmosphere	5	-
Sexually deviant	4	5
Comic figure	3	4
Own worst enemy	1	3
Super-crip	3	4
Mentally ill/pathological	-	7

The following positive portrayals occurred in the film:

Positive Portrayal	Image	Speech
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Interacts as equals	3	4
Part of the mainstream	1	2
Can have loving relationships	1	1
An additional positive portrayal appeared in the film:		
Insightful/agent of change	-	3

Don Juan's portrayal of mental disorder is an ambivalent one. Negative stereotypes occur with positive themes, although stereotypes dominate. Don Juan is dangerous when he uses his sword to frighten or attack other people. Though in fantasy, he murders his tutor's husband. He behaves destructively and uncontrollably by throwing a potted plant and wielding a stapler like a weapon in Dr. Mickler's office. His raised voice to the doctor, screaming "shut-up," can be construed as a violent verbal attack. The window in his room at the hospital has a meshed, security screen to bar him in. On the other hand, Don Juan assumes the role of object of violence in both fiction and reality. His tutor's husband chases him with a sword and later duals with him. Again in fantasy, the sultan's wife threatens Don Juan with a knife when requesting sexual favors. The medical establishment also casts Don Juan as an object of violence when staff members speak about forcing Don Juan to take medication. In addition, Don Juan, as his own worst enemy, directs violent thoughts and actions onto himself when he speaks about, and considers taking, his own life.

Prominent in the film's narrative is the depiction of Don Juan as having special sexual abilities with women. This magnetism portrays Don Juan as a "super-crip," different from "normal" individuals. Several scenes show his super-crip abilities: From the attention he receives from little girls growing up to the nurses who barely can contain their enthusiasm about being in his presence. His bravado about making love to over 1,000 women, and that all but one was satisfied, adds to this stereotype. It also speaks to

the sexual deviancy stereotype. Don Juan's obsession with a masked centerfold and his socially inappropriate sexual encounters and affairs real and imagined (with a complete stranger at a hotel, as a minor with an older, married woman, as a sex servant cavorting with hundreds of women in a haram) reinforce this theme.

The film's treatment of his delusional identity depicts him comically in several scenes. His Don Juan costume makes him appear strange or silly at times. Other people laugh at his delusional identity, from the staff members during the case consultation to his grandmother who refers to him as "Zorro." Insensitive lay references to mental illness, such as "nuts," "nutcase," "do a flamingo on Bill's head" can be seen as jokey banter. In addition to being a source of amusement, his delusional identity casts him as "pathological." The mentally ill/pathological theme occurs repeatedly with the use of psychiatric terms and diagnoses, as well as references and images to medication, therapy, and hospitalization. Other patients at Woodhaven have no identity or purpose other than to serve "as atmosphere" or environmental cues, depicting the place as a mental hospital. Hospital white walls and traditional nurse uniforms further portray a medicalized environment.

Positive portrayals of mental disorder exist in the film. For instance, Don Juan acts as an equal with Dr. Mickler and Bill. He speaks to them directly and without hesitation; he challenges them and offers alternate explanations to his "mental disorder." He assumes the role of the doctor when he gives Dr. Mickler pills or sits behind the doctor's desk.

Don Juan is part of the mainstream when the film depicts him as being part of a family as a young man in Mexico, another fictitious recollection. His father's comment,

“You are my son,” communicates love and belonging. Don Juan also demonstrates the capacity for love, even if his story about the great love of his life is a fantasy.

An additional positive stereotype not listed on the viewing rubric include insightfulness/catalyst of change. With a kind of emotional intelligence, Don Juan intuitively understands Dr. Mickler’s midlife malaise and verbalizes his psychiatrist’s romantic and psychic stagnation. Such insightfulness is not earned in the film; the viewer does not see how Don Juan arrives at these insights and conclusions. Regardless, Mickler’s interactions with Don Juan awaken his romantic identity. The doctor examines his own life, and in the end, makes positive changes, most apparently with his relationship with his wife. Dr. Mickler acknowledges Don Juan’s ability to see his (Dr. Mickler’s) authentic and lost self. Here, the patient becomes the psychiatrist and the catalyst for change.

***Sling Blade* (1996, Miramax Films)**

After spending years in a mental hospital for murdering his mother and her lover, man-child Karl “Childers” leaves the institution to begin life anew in *Sling Blade*. Karl, played by Billy Bob Thornton, struggles to adjust to life outside the hospital but does so. He befriends a boy named Frank and ends up living in Frank’s garage and working at a repair shop. The film shows Karl’s growing affection for Frank and Linda, Frank’s mother, and how his love for this family leads him to commit murder for a second time.

A guitar slowly twangs as the film opens with a scene of male patients sitting around a long table in psychiatric hospital, presumably for those with criminal records. Windows with curtains tied in knots are open and do not appear barred. The walls are white-tiled. A middle-aged patient drags a wooden chair across the floor to a man seated by one of the windows. The screeching sound of the dragged chair contrasts harshly with the patients’ silence and inactivity. The man positions the chair next to Karl, who wears a denim shirt buttoned to the neck and high-water pants. Karl stares out the window. The fellow patient shares a story about driving his Mercury up to a girl with “hairy arms” standing by a “chicken stand.” He likes women with “hairy arms” because they have “big bushes.” He drives the girl, who asks him if he is “dating,” to a secluded area for a sexual encounter. She lifts up her skirt after he pays her \$25, revealing a penis. The man laughs; Karl remains unresponsive to the sexually explicit story.

Karl has a significant under-bite, puffed cheeks, and a shaved head. His clothing and personal presentation create a boyish effect. Karl also incessantly rubs his hands together, speaks in a flat, gruff monotone, walks stiffly with hunched shoulders, struggles

with social interactions, and has strong mechanical skills. While often referred to as mentally retarded, Karl may be on the autism spectrum (Atkinson, 2012).

A uniformed police officer, two students, and staff members wearing clip-on identification cards walk down a hallway in the hospital. The two female students are visiting the psychiatric facility to interview Karl. One of the students says to the other, “I don’t know why you’re so weirded out. This is not San Quentin. It’s just a nut-house. Most of these people don’t know where they are. They are not going to hurt you.” Her fellow student replies that they’re going to be in a room with a killer, a situation which should make her anxious, too. These initial scenes in the film cast the patients as violent, sexually deviant, childish, “out of their minds,” and strange.

The warden of facility informs the two students that they will not be able to photograph Karl, mentioning Karl’s refusal to have his photo taken for the Easter collage. Later, he escorts Karl out of the room with the windows, saying “Come on, let’s go.” He tells Karl that two women want to interview him about his upcoming release, and his participation in the interview will be good for him as he will be interacting with “all kinds of people when he gets outside.” The warden advises one of the students not to ask Karl questions or look at him directly when she conducts her interview—a warning linking Karl’s mental state to that of a predator animal which is threatened with direct eye contact. This reference can be viewed within the history of madness, when writers used animal images and comparisons to discuss and describe mental disorder.

The student asks the warden why Karl is being released if he is so dangerous, and the warden answers that Karl has “done his time” and does not exhibit “homicidal tendencies.” To make Karl comfortable, the warden turns off the overhead lights in the

room where he is being interviewed and switches on a small desk lamp. Karl sits next to the lamp and reveals the circumstances behind his commitment. He uses the term, “reckon,” speaks in a low voice, punctuated with grunt-like tics, and rubs his hands in an autistic-like fashion. The warden smokes a pipe.

Karl says he grew up living in shed behind his house, as his family did not want him in the main home. Karl would “lie down in a hole” with a couple quilts. He attended school sometimes, would play with lawnmowers, and eat mustard and biscuits. A heartbeat begins to thump as a dramatic background sound effect. He discovered his mother having sex with a man who was not his father. The vision made him “see red.” The heartbeat gets louder. Karl picked up a Kaiser blade, or a “sling blade,” a tool “highway boys would use to cut down weeds.” The camera closes in on Karl’s shadowed face. He swung the sling blade at his mother’s lover’s head, then his neck, nearly “cutting his neck off,” killing him. The mother was angry at Karl for what he had done. Realizing she probably was enjoying her encounter with the other man, Karl murdered her, too. He ends his story by sharing that he has read the Bible while in the facility and slept in a bed. The interviewer asks Karl if he will murder again. He answers, “I reckon I have no reason to kill nobody.” On her way out, the student inquires if Karl will be supervised; the response is no.

The warden speaks with Karl in the hall and requests he gather his belongings, which are only books, as this is the day of his release. The warden does not appear frightened or uncomfortable with Karl, but paternalistic.

Karl departs a large bus with a small stack of books secured with a leather band, reminiscent of a school boy’s satchel of books. The viewer observes Karl, newly

released, walking through a small town, passing run-down homes and businesses, such as a barber shop. He stops at a burger stand and order fries to eat. He is confused about what and how to order the food. Later, while eating his fries outside a public laundromat, he meets a young boy named Frank, dragging out bags of laundry. The boy drops his bags in front of Karl, noting the heaviness of the load. Karl asks the boy if he has parents to help with the laundry. The boy informs Karl that his mother works, and his father was killed by a train. Karl offers to carry the bags back to the boy's home. On their walk back, the two introduce themselves to one another. Karl admits he killed some people and lived in the state hospital, adding "they said that I was not right in the head so they put me in a nervous hospital instead of putting me in jail." They arrive at the boys' house, and Frank observes that Karl does not seem like a murderer. Empty beer bottles appear on the porch. Karl explores the community further, walking along a wooded path and crossing a metal bridge over tree-lined river.

Later, Karl returns to the psychiatric hospital, carrying his books awkwardly against his chest. The receptionist, referring to him as "hon," admonishes Karl for coming back unannounced. Karl walks into the warden's den-like office and states his desire to return to the hospital. The warden does not get flustered or distressed by Karl's unexpected visit, but informs Karl he cannot return because he is a "free man." Karl explains that he does not understand how to live freely nor has any family or friends to help him re-integrate back into the community, narrative details which cast him as pitiable and pathetic. The warden ponders Karl's situation, as if considering it for the first time. He offers to "put [his] neck out" and connect him with a church acquaintance who owns a machine repair shop, acknowledging Karl's talent for repairing machines. The

warden treats Karl with kindness and concern, including bringing Karl home with him to stay the night after learning Karl has no other place to sleep that evening.

At the warden's home, the warden's wife and older children interact stiffly around Karl. His wife offers Karl coffee, which he declines because it makes him "nervous." The warden instructs his daughter to sleep with her mother, so Karl can have his daughter's room to sleep, as he is "company." This affirmation of Karl is short-lived. In the next scene, the warden's son, who sits with his mother in the kitchen, asks his father if a family member should stay awake all night and guard Karl. The warden dismisses the comment. The son calls Karl a "nut," and the boy's mother corrects her son, but not for name-calling, but for using "ain't."

The next morning, the warden finds Karl sitting on the warden's daughter's bed; he did not use it but sat up all night. He drives Karl to the machinist's store. Karl does not get out of the car when they arrive, but waits for the warden to let him out. He walks behind the warden into the machinist's shop. There, the warden talks with two employees about Karl. One of the repairmen recalls Karl's history, noting how Karl "cut those folks to pieces" and was considered "retarded" at school. The warden reassures them that Karl would not hurt anyone now, and that he is good with repairs. The store owner says Karl does not look dangerous and asks his employee if Karl frightens him; the employee says no. He then asks if Karl can speak and agrees to let Karl live in the shop.

The shop owner compliments Karl on his first day on the job. Dressed in a gray, striped jumpsuit, Karl sweeps the floor of a dingy, crowded machine shop. The owner informs Karl that the store locks from the outside, so Karl will not be able leave the premises after the owner locks up the store for the night. The following day, the owner

gives Karl a key so he can leave the shop at night, adding that Karl does not need to spend more time “locked up.”

Sometime later, Karl goes to visit Frank. He does not knock on the door to announce his arrival, an example of Karl’s unawareness of social conventions. Frank hears Karl on the porch and invites him to walk into town to visit his mother, Linda, who works at a dollar store. They do, and Karl meets Linda for the first time. She asks her son about the “strange-looking man” behind him. Frank introduces Karl to his mother and the store manager, Vaughan. While Linda speaks to her son privately, Karl stands slumped shoulder, pigeon-toed, and tells the store manager that he was in the state hospital. Frank’s mother returns to the scene and invites Karl to stay in her garage so he does not have live at the repair shop. Vaughan asks Linda if Karl is “safe” to be around her son, and she states her son likes Karl and could benefit from having a male figure around him.

In the following scene, Frank and Karl have sodas by a small pond and bond. Frank admits his dislike for his mother’s boyfriend, Doyle, who drinks and is mean to them. He also discloses that Doyle threatened to kill Linda if she left him, and that his father committed suicide by shooting himself.

Back in the machinist shop, Karl packs up his few personal items, as he has decided to stay with Frank’s family. The store owner compliments him for repairing a garden tiller, an indication of Karl’s mechanical aptitude. At Frank’s home, Doyle questions Linda’s decision to allow a “retard” to live in the garage and hopes Karl is not the kind of person who “drools or rubs shit in his hair,” which will make him “sick.” He questions Linda and Frank about the reasons why Karl resided in a “nuthouse.” Frank does not share his knowledge about Karl’s past. The boyfriend then antagonizes Linda for

going out for ice cream with the store manager, referring to him as a “fag” and Linda’s “girlfriend” because of his sexual orientation.

When Vaughan arrives at Linda and Frank’s home, he finds Karl waiting by the front door; again, Karl has not knocked. Vaughan asks Karl to lunch, as he wants to tell him some things about Frank’s home. Karl has to talk through the invitation, mentioning that his employer buys him a box lunch, before finally accepting the offer. Frank lets them into the home after Vaughan raps on the door. Vaughan gently pushes Karl on the back to get Karl to enter the house.

Vaughan does not linger inside the house, just long enough for Doyle to insult him about having sex with an employee at a funeral home. After Linda and Vaughan depart, Doyle directs Karl to sit on the sofa and asks Karl questions, such as “So how retarded are you?” and “Was you in lock up for cutting someone up with a hatchet?” Karl does not recall using a hatchet, to which Doyle says Karl must be “crazy in a retarded kind of way.” He asserts Karl does not frighten him, and that he is just a “humped over retard.” These comments conflate mental disorder, mental retardation, and criminality. He verbally abuses Frank, too, calling the boy “a weak kid” and that his father taught him to “be a pussy.”

Karl and Frank go to the garage, where Frank says he wants to kill Doyle. Karl encourages Frank not to talk in such a manner, and then adds that Doyle is “mean” to Frank and Linda. Karl opens up canned meat and eats it with soda crackers. Frank jokes that the meat has strange animal parts in it, and Karl says he sees something in the meat. The two laugh. Frank confides that he likes how Karl talks, and Karl responds in kind,

leaning toward to the young boy. Both smile, and there is clear affection between the two. They are becoming friends.

In the next scene, Vaughan and Karl go to a hamburger shop for lunch. Karl eats mustard on fries, while Vaughan talks about his personal history, his sexual orientation, and his love for Linda and Frank. Karl appears to be paying more attention to his fries than to Vaughan's personal outpouring. When Vaughan asks Karl if he understands what "gay" means, Karl parrots a coarse joke about homosexuality, which offends Vaughan. Vaughan says he and Karl are similar in that they are both "outsiders" for different reasons. Vaughan warns Karl that Doyle is a "monster" and fears that Doyle has the potential to harm both Linda and Frank seriously. He believes Doyle will make Karl's "life hell." Vaughan observes Karl as a "gentle, simple man" and a deep thinker, regardless of his past. He asks Karl directly about whether or not he would ever harm Linda or Frank, and Karl replies that he never would.

Despite Linda's protestations, Doyle throws an impromptu party, playing music on Linda and Frank's front porch. Doyle forces Karl to join the "party," and he sits in the grass watching the men jam. The men later gather in Linda's living room and talk about writing music. The men begin to complain about their band. In a rage, Doyle hurls his beer bottle out a window. The glass shatters loudly, and Vaughan recoils in fear. Doyle swears and screams at them, commanding them to leave. He pushes one of the guests, a man in wheelchair, savagely against the door. Linda and Frank enter the room, and Linda demands that Doyle leave. Linda and Vaughan argue, and he threatens her life. Frank retaliates by throwing empty bottles and cans at Doyle. Karl sits on the couch, not getting involved. After cleaning up the living room, Linda retires to the kitchen to drink coffee.

Karl enters and awkwardly recounts a joke he heard the repair shop owner tell. His joke is not funny or comprehensible, but an attempt to show kindness to Linda. Though the timing is not appropriate, Karl asks Linda to make him some biscuits, which she does. While she makes the biscuits, the two talk. Linda asks Karl if he would be interested in meeting a fellow employee of hers, who is also “slow.” Karl sits at her kitchen table with a potted plant on the top. The scene is homey and familial. He reveals his past history to Linda and that now is he “well.” He reassures her he would never hurt Linda or Frank.

The warden visits Karl at the repair shop. Smoking a pipe, he sits down next to Karl and asks if he is comfortable living with Linda and Frank. His gentle inquiries communicate positive regard for the other man’s welfare. Karl shares with the warden that Frank is his “friend.” In the following scene, Linda, Frank, and Karl are having dinner at Vaughan’s, who also has invited his boyfriend and the female employee who is “slow.” Linda encourages Karl and the employee to take a walk, which they do. The next day, the woman visits Karl at work. She brings a bouquet of flowers with her. The scene is a validating one in its portrayal of a romantic moment between individuals with disabilities. His struggles to speak with her, only responding to her comment about her blister, and that flowers are “pretty.”

Viewers learn more about the trauma of Karl’s past when he and Frank chat by a pond one evening. Karl recounts a story of his childhood: His father ordered a six-year-old Karl to dispose of his newborn baby brother. Not thinking it was appropriate to dump the baby in a trash barrel, Karl emptied a shoebox and buried the baby, still living, outside. The story confuses and saddens Frank. Melancholy music sounds in the background.

Frank and Karl's friendship deepens. One day, Karl agrees to play football with Frank's friends. He and Frank are on the same team and score a touchdown together. Walking home, he tells Frank he is proud of him; Frank beams with pride. Frank asks Karl to play football with him every Saturday.

Karl ventures to his childhood home to visit his father. Before entering the main house, he goes to the shed where he once lived, and there he sees the hole in the ground, a dirt pit, his childhood bed. Trash, tarps, and filth crowd the inside of the ramshackle house. He approaches his father, dressed in long underwear, who sits in an arm chair talking to himself. The shades are drawn, and the room is packed with detritus. He informs the man that he is his son, "Karl." The man repeatedly states he has no son. Karl confronts his father on his past actions, including the disposal of the newborn baby brother, and admits to thoughts of killing him. Afterwards, Karl goes out to the yard and kneels by a rock, the baby's grave, sadly stating, "little feller."

That night, Karl enters Linda's bedroom, where Linda and Frank are sleeping, carrying a hammer. The film's lighting casts Karl in complete shadow; he appears as a dark shape in the doorway with what seems like a weapon. He flicks on the lights, and Linda cries out. He tells Linda and Doyle he wants to be baptized. When Doyle asks him why he has a hammer, Karl cannot explain himself. Karl's request is fulfilled, and in the next scene, a pastor baptizes him in a river.

After the baptism, Linda buys a bucket of chicken for lunch. While she is away, Doyle speaks savagely to Frank and Karl. Doyle attempts to strike Frank, and Karl blocks the blow. Doyle informs Karl he must leave, literally kicking him out of the house. Karl packs up his few belongings. As he is departing, Linda arrives back at the house. Karl

shares his feelings about Frank and his mother. He says she is a good mother to Frank and “lights up his eyes.” He also thanks her for being kind to him, such as making him biscuits, and adds that he fixed her washing machine.

Karl finds Frank by the pond scraping the ground with a stick. Frank laments his future and curses Doyle. Karl admonishes Frank for swearing, but listens. Karl expresses his “care” for Frank, adding that he and Frank will “always be friends” regardless of where Karl goes. He gives Frank all of his books, as well as a handmade bookmark. Frank realizes his friend is leaving. Karl makes Frank promise to stay away that evening, as Doyle is likely to be dangerous. Before departing, he puts his arm around Frank and states, “I love you, boy.” Frank declares his love for Karl, too. Frank removes the handmade bookmark after Karl leaves. It reads, “You will be happy,” in simple handwritten print.

In another emotional scene, he visits Vaughan at his home. After requesting that Vaughan take Frank and Linda in for the evening, he gives Vaughan a wet paper bag of cash, his earnings from the repair shop, and then says Frank “lives inside of his own heart, and that is an awful big place to live in.” Karl asks Vaughan to take care of Frank. His words move Vaughan, and he tears up: Karl is capable of deep, tender thoughts.

The sun is setting, red like a burning ember in the sky, and Karl walks along a barbed wire fence. Night falls, and the thumping heartbeat heard earlier in the film returns subtly, along with screeching, grinding electric guitar music—music symbolizing the growing psychic tension of Karl’s next steps. Inside the repair shop, Karl methodically sharpens a lawnmower blade under lamplight. He next appears holding the long, rectangular blade outside Linda and Frank’s house. The moonlight on Karl’s face

makes it appear as if he is wearing a hockey mask, an intertextual reference to the psychopathic murderer in the *Halloween* movies. He steps away from the home, but turns back.

Karl enters the living room, where Doyle sits drinking a beer. A couple of candles burn. Karl asks Doyle how to contact the police, and Doyle explains that one uses a phone and dials “911.” Doyle questions Karl on his reasons for carrying a lawnmower blade. Karl states his intention to kill him, which he does by swinging the blade twice at Doyle. The film does not show directly Doyle being struck. There are no screams, no images of blood. Karl tosses the weapon and calls the police using a phone in a kitchen. He conveys to the dispatcher that he murdered Doyle, and his second swing “nearly cut his [Doyle’s] head in two.” After making the call, he sits down at the kitchen table and eats a biscuit with mustard.

The film ends with Karl looking out the window in the same hospital room with the long table. The patient, who spoke with him at the start of the film, sits by his side. He talks to Karl about a woman he tortured, whom he gagged with a washcloth and tape. He also inquires about Karl’s experiences outside the hospital, and Karl says he befriended a boy and that the “world” outside was “too big.” He rubs his hands slowly together, adding that he does not want to listen to the man anymore. The patient walks away, and Carl stands, looking out the screened window and onto that big world.

The following icons appeared in the film:

Icons	Frequency
Staff (broom)	1
Eyes Cast Down	2
Hands grasped to face	2
Clenched fists	1

Wringing hands (rubbing together)	5
Hidden hands	1
Seated	4
Held/guided by warders	1
Dark asylum	1
Lighted window/door	5
Shaft of light	4
Criminal Insanity/Deviance	3
Individual illuminated	3
Confinement	2
Hospital white (walls, curtains)	4
Glazed stare	2
Playing games (checkers, chess)	3
Reading, holding books	7
Bus	1
Shuffling	1

The following stereotypes of mental disorder occurred in the film:

Stereotype	Image	Speech
Dangerous	4	15
Object of violence	1	1
As atmosphere	3	-
Pitiable and pathetic	3	7
Sexually deviant	-	2
Incapable	4	4
Burden	-	1
Mentally ill/pathological	2	1

The following positive portrayals occurred in the film:

Positive Portrayal	Image	Speech
Interacts as equals (friendship)	5	5
Part of the mainstream	7	3
Can have loving relationships	1	1

An additional positive portrayal appeared in the film:

Caring/kind	3	4
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Dangerousness is the most frequently depicted stereotype in the film. Before the story's climax, when Karl murders Doyle with a lawnmower blade, references to his

homicidal past repeatedly occur in characters' conversations. For instance, one of the student reporters says to her peer that she should be intimidated to interview Karl because he is a "killer." Karl recounts matter-of-factly the story of murdering his mother and her lover with a sling blade, nearly cutting off the lover's head, to the student reporters and to Frank and Linda. Other characters revisit the story or make reference to it, too, such as when the warden informs the repair shop workers of Karl's past history. Linda remembers hearing the story as a young child, indicating a mythical quality to the gruesome events. The warden claims Karl does not exhibit "homicidal tendencies" at his release, although such instincts emerge at the end of the film. Karl murders Doyle in order to protect Linda and Frank from Doyle's abusiveness. Karl tells Doyle of his intentions to murder him before hacking him twice with a recently sharpened lawnmower blade. He discloses to the 911 dispatcher that the second blow almost cut the man's head in two. Moreover, the film portrays Karl as dangerous when he awakens Linda and Frank in the middle of the night by entering Linda's room, carrying a hammer as if to use it. When asked why he has a hammer in his hand, Karl cannot answer, alluding to violent urges which are not consciously known or understood. In addition, the patient at the mental hospital, who speaks with Karl at the start and end of the film, displays the dangerous stereotype. He shares stories of hurting women, including gagging a woman's mouth closed.

Karl becomes as an object of violence, however, when Doyle kicks him and violently turns him out of Linda's home. Karl does not retaliate but obeys Doyle's demands.

The patients shown in the mental hospital activate atmospheric and sexually deviant stereotypes. In the movie, the function of the patients sitting around the long table is to represent an everyday scene at the hospital. Some men are hunched over; others play board games. One looks out a window. All are dressed in the same beige-colored uniform, and except for hair styles, they almost appear identical. Like asylum scenes in classical art, these patients become anonymous figures in the hospital landscape. The patient who talks to Karl depicts sexual deviancy with his stories about sexual predation and prostitution. He is a sexual predator who shows no remorse over his actions.

Karl is portrayed as a burden (to his parents) when he discloses that his parents forced him to live in a shed behind the family's main home. His childhood history shows him as pitiable and pathetic in that he slept in a hole in the shed, did not have much to do but stare at the shed's walls or tinker with machines, was teased, and ate biscuits with mustard. Karl also buried his newborn brother in the backyard, one of the most tragic events of his childhood history. His life circumstances continue to cast him as a source of pity. He lives in repair shop, and his sole personal possessions are toiletries and a few books. He has no place to live upon his release from the mental hospital, and no family or friends to help him adjust back into the community. What is more, people continually refer to Karl as "retarded" and "poor thing" and say disparaging things about him, such as when Doyle asks Linda whether Karl "drools or rubs shit in his hair."

The stereotype of being incapable emerges with Karl's inability to function outside of the hospital without assistance and his lack of understanding of basic social conventions, perhaps a result not just of his disability but from childhood abuse and years of institutionalization. Karl returns to the hospital soon after his release because he cannot

function independently. He has difficulty ordering food at a burger stand and only is able to order French fries with the cashier's assistance. Karl does not knock on doors to announce his arrival or know how to contact the police, including what numbers to dial on a telephone. In addition, he struggles to converse with other adults and to interact socially with a female "date." Vaughan shares with Karl his observations of him, stating how Karl seems like a "simple, gentle" person who thinks deeply. He then asks Karl to share his thoughts. Karl does not respond with penetrating insights or observations, but says he is thinking about taking some French fries home with him. He adds that he needs more cans of potted meat.

The mentally ill/pathological stereotype of mental disorder comes to light with Karl's appearance as a patient in a mental hospital, and in his disclosure of being sent to a "nervous hospital" instead of jail for his crimes, adding that something was wrong with "his head," but now he is "well."

Despite Karl's violent past and long-term institutionalization, he is portrayed as being part of the mainstream when he is released from the mental hospital. Through speech and images, Karl participates in everyday living through employment at the repair shop, being part of a dinner party at Vaughan's home, living with Linda and Frank, playing football with Frank's friends, receiving flowers from his blind date, and being baptized in a river. All of these actions cast Karl as a member of his community through work and social connections.

Karl interacts as an equal, another positive portrayal, through his friendship with Frank. Karl and Frank bond, joke, and share their feelings and inner thoughts at a small pond, on walks, and in Linda's garage. Reciprocity and mutual affection define their

interactions with one another. As an example, Frank tells Karl he likes how Karl speaks; Karl responds that he likes Frank's talk, too. This friendship deepens into love, when Karl asks Frank if he can put his arm around the boy, and then confides that he loves him. Frank responds in kind. Karl's love for Frank and Linda is the catalyst behind his motive to murder Doyle. This act casts him as a martyr in that he soon loses his freedom and returns to the mental hospital.

A positive portrayal not listed on the viewing rubric is Karl's demonstration of care and kindness for other people. Karl shows care and kindness when he helps Frank haul bags of heavy laundry back to the boy's home, tries to cheer up Linda with a poorly told joke, gives his books to Frank, makes a bookmark for Frank, and asks Vaughan to give his (Karl's) cash savings to Linda and Frank. These instances of kindness contrast dramatically with his final actions of murdering Doyle. The man who made an often nervous little boy a bookmark which read, "You will be happy," also hacked a man's head in half and proceeded to eat a leftover biscuit with mustard immediately afterward—a complex and unsettling portrayal of mental disorder.

***Girl, Interrupted* (1999, 3 Art Entertainment)**

Girl, Interrupted tells the story of a young woman who enters a mental hospital instead of college after graduating from high school. Susanna, played by Winona Ryder, befriends several other female patients at Claymoore, a hospital where other “writers” have stayed. The film is set in the 1960s, a period of societal change and challenges, which mirrors Susanna’s own struggles with self-development, authority, and the meaning of her mental distress.

Girl, Interrupted begins with a shot of a basement window in a mental hospital. Susanna cradles Lisa, a fellow patient played by Angelina Jolie; both appear stricken with glazed stares. Polly, a patient who set herself on fire, seeks comfort from a gray cat. The scene’s crumbling walls and exposed pipes symbolize the inner brokenness of these “mental” patients. Lisa appears to have been crying. Susanna asks, “Have you ever confused a dream with life? Or stolen something when you have the cash? Have you ever been blue?” A patient sweeps up shattered glass from a light bulb from the basement floor, another image of brokenness. Susanna continues, “Maybe I was just crazy. Or maybe it was the 60s, or maybe I was just girl interrupted”—all questions about the reality of Susanna’s “mental illness” which resonate with the Anti-Psychiatry ethos and political and social movements of the times. The camera pans to a barred door where two harried white uniformed staff members take out keys and unlock it. Barred, mesh-wired, and security-screened windows, doors, and staircases appear repeatedly throughout the film.

Back to the past, Susanna lies on a gurney with a tube down her throat in an emergency room, having her stomach pumped, illustrating the “mentally ill/pathological”

stereotype. In a series of jump-cuts that intensify the chaos of the scene, doctors and nurses put her in leather arm restraints, inject her with medication, cut open her pant legs, and move her to her side so she can vomit. She wears a hospital gown and appears frightened and confused. She asks the doctor to check her hand because she believes it lacks bones. A nurse unbuckles one of the restraints and comments that she must be a “wrist-banger,” as her wrist is badly bruised. Susanna hears the comment, and says she does “other things,” too. Her self-injurious behavior casts her as her own worst enemy.

In a psychiatrist’s office later on, the doctor, a friend of her father’s, inquires about her theory of having no bones, if indeed she was able to pick up and take the aspirin, a reference again to her overdose and to the stereotype of being “one’s worst enemy.” The doctor patronizes her as she tries to explain herself, asking her if she takes drugs. She daydreams back in time to a birthday party at her upper-middle class home. Susanna’s mother escorts her daughter to different rooms, making social rounds. A family friend approaches the mother and daughter and informs Susanna that her daughter has just been accepted to Radcliffe. Susanna seems bewildered by the woman’s comments. Later, a married professor knocks on Susanna’s bedroom door. He asks to see her again; she rebuffs him.

The doctor regains Susanna’s attention by informing her, “She needs a rest. . . . and that “she is hurting everyone around [her],” comments which characterize Susanna as a burden and problem to others. The doctor calls a taxi and sends her to Claymoore Psychiatric Hospital. He holds her by the arm and escorts her to the waiting cab. Guiding her forcefully signals that she cannot be trusted to go to the taxi on her own. Not wanting to be directly involved, her mother watches the scene tearfully from her own parked car.

In the taxi, Susanna smokes a cigarette; cigarette smoking, along with television viewing, are repeatedly shown in the movie. The taxi-driver asks her, “What did you do? You look normal.” His comments imply that people who stay at mental hospitals appear different than “normal” individuals, a cultural stereotype and reference to Gilman’s (1982) scholarship. The driver warns her “not to get too comfortable” when he drops her off at the hospital’s entrance.

Valerie, a nurse wearing a traditional uniform and knitted poncho, played by Whoopi Goldberg, waits for her. Susanna signs her name to entrance paperwork, as an adult, as she is over 18 years of age. The film intercuts the hospital admission scene with another fateful one in which Susanna speaks with a high school counselor. The counselor informs Susanna that she is the only senior not going to college in her class. When asked about her plans, Susanna discloses a desire to write. Her counselor does not see writing as a viable occupation.

Valerie escorts Susanna to the woman’s ward, a formidable brick building with barred windows, and then proceeds to take her on a tour of the floor. Black and white linoleum checker the hallway floors, and dull green paint covers the walls. Inside the art room, Polly sits next to musical instruments locked behind a mesh screen. The nurse tells Polly that she cannot play today. Another nurse dressed in white, including a traditional, peaked nurse’s cap, folds blankets on a steel cart. Susanna passes a patient’s room and sees a female patient cradling a doll. The filmmakers use dolls, including a kitten hand puppet and teddy bear, as props among the female patients; here, women become little girls who need toys to comfort themselves. Susanna meets a group of patients when her tour ends in the television room where curtains hang in the windows and patient-made art

on the walls. There, a patient yells profanities at Valerie and demands to have her clothing returned. Valerie calmly states that she may have them back once she eats something. The patient flicks ashes from her cigarette into the open-mouth of sleeping patient and then dances around singing about picking hay and cotton to antagonize Valerie. The nurse dismisses the racial insult, saying it does not bother her.

After meeting her new roommate, Georgina, a self-admitted “pathological liar,” Susanna notices a police car outside her window. Lisa, dressed in a fringed winter coat, fights with the patrol officer who removes her from the car. Lisa loudly and aggressively greets the other patients on the ward upon her return. Her hair is stringy and uncombed; dark circles shadow her eyes. She yells, “Hey girls! Hey sexy,” and purrs out loud. She sees Susanna and asks about her identity. When no one answers, Lisa escapes an attendant’s grasp, enters Susanna’s room, barricades the door with a chair, and yells in Susanna’s face about wanting to know the whereabouts of “Jamie.” Georgina cowers on the bed. Valeria and other staff members break into the room and restrain Lisa, dragging her to solitary confinement. Lisa kicks and struggles as two men attempt to contain her. Her actions in this scene portray her as both violent and an object of violence. Polly informs Susanna that Jamie, as her own worst enemy, hung herself with a volleyball net because she was “sad” about Lisa’s disappearance from the ward.

That evening, the patients obediently queue up for their medication, while *I Dream of Genie* plays on television. A nurse asks Susanna to take some pills to “help her sleep,” even though Susanna does not feel comfortable doing so. Susanna takes the medication as told. Here, patients lose their autonomy and privacy. In bed, a nurse awakens Susanna during “checks” by shining a flashlight into the room. Valerie

supervises Susanna while she takes her bath and shaves her legs in a large Victorian tub. Another patient, being watched by a nurse reading a book, baths in a similar tub close by.

Lisa, dressed in knee-stained jeans, introduces herself to Susanna in the dayroom by asking for a cigarette and inquiring about whether she has been to therapy with “Melvin,” or received “shocks,” after which she mimics shock treatment by shaking her head and widening her eyes. Susanna next appears with Melvin in therapy. His demeanor and questions are stiff and insensitive; both smoke. Through Melvin’s office window, Susanna watches a naked woman screaming and running on the lawn. Melvin is oblivious to the woman outside and to Susanna’s rising anger about her situation. She does not understand the reasons behind her committal and describes her fellow patients as “fucking crazy.” Melvin does not respond meaningfully, and his approach illustrates the Anti-Psychiatry movement’s assertion that psychiatrists and psychologists were ineffectual and merely served as power-players in the mental health system.

Back in the television room, a nurse dispenses medication in paper cups. Lisa plays with a cat puppet and pretends to take her pills, opening up her mouth secretly to Susanna to prove she did not swallow them, and thus challenging and subverting the hospital’s authority over her. The nurse asks Susanna to take laxatives; Susanna resists and then agrees to take the pills. Later, Susanna gives them to Daisy who complains to the nursing staff about needing laxatives. Daisy plays with a chicken carcass on her bed, lining up old bones in a row, and there are multiple old chicken carcasses underneath the bed. Lisa comments on the foul odors in Daisy’s room.

Susanna and her parents meet as a family in Melvin’s office. Melvin states he does not know when Susanna will be able to leave the hospital. Her parents and Melvin

Speak to one another, while Susanna sits off to the side with a bag of candy, a present presumably from her parents, in her hands. She overhears her mother ask Melvin about “this borderline business you mentioned on the phone.” Melvin explains that Susanna has “borderline personality disorder,” and her mother cries, telling Melvin she cannot talk about her daughter’s diagnosis.

One evening, the patients escape the ward by picking a door lock, venture into the “tunnels” in the hospital’s basement, and go bowling. They scamper along with one another and bond, laughing and enjoying each other’s company. The group breaks into Dr. Wick’s office, too. Georgian turns on the office’s overhead lights, and Lisa slaps her in the face for doing so, an action which portrays Lisa as violent and unpredictable. Her role among the patients is a complex one. She is controlling and domineering, but also the anti-authoritarian ring-leader the women follow. Lisa, playing the part of the psychiatrist, sits at the doctor’s desk, smokes a cigarette, and hands each patient her medical file to read. Reading from Lisa’s file, a patient informs the group of Lisa’s diagnosis, a “sociopath.” Susanna reads aloud about borderline personality disorder and says, “That’s me.” Lisa responds, “That’s everybody.”

To celebrate Daisy’s last day at the hospital, the nursing staff take the patients to town to get ice cream. One orders “peppermint stick” ice cream, and another shouts “peppermint dick” and “peppermint clit.” Laughter erupts, and the scene becomes comical. A nurse attempts to silence the patient shouting obscenities. Lisa orders a sundae seductively, tonguing a maraschino cherry. The young man taking her order asks if she wants “nuts” with her sundae, and more laughter ensues. A woman and her daughter approach a table where Susanna sits. Susanna had an affair with the woman’s husband,

and the woman verbally attacks Susanna. Lisa comes to Susanna's defense, warning her "not to point [her] finger at crazy people." With that, fellow patients begin barking and making other noises, frightening off the mother and her daughter.

Set to folksy music, a montage of scenes and images follows, capturing the daily, confining routine and activities of the women's lives on the ward: A patient smokes a cigarette and gazes sadly through a security-screened window. Nurses, dressed in white uniforms and pastel-colored aprons, dispense medication in white paper cups, sometimes carrying the pills and pitchers of water around on metal trays. Lisa paints another woman's toenails; Susanna writes in a journal. Susanna, reclining on a couch, speaks expressively in analysis while Melvin sleeps behind her. The women push one another around in rolling chairs. Someone celebrates a birthday with a sheet cake. Other images include more pill bottles and pills, and Dr. Martin Luther King on television.

After this interlude, the film's narrative restarts. A young man from Susanna's past, who has been drafted to serve in the Vietnam War, visits her one day. They go to her room and kiss, and then leave the hospital ward, as Susanna has grounds' privileges. He wants to take her to Canada, exclaiming she is "not crazy" and does not need to be at Claymoore. She responds with the revelation that she attempted suicide by ingesting a bottle of aspirin. Her male friend asserts that the hospital does not know anything about "being normal," that "they're trying to break her," and that "her friends" at the hospital are "eating grapes off the wallpaper." He also states he loves her. She rejects his offer to escape the hospital with him. Her male friend's observations about the hospital staff and patients imply that mental health treatment is ineffectual, and people in mental hospitals really are "crazy" and abnormal.

One evening, Polly has an emotional outburst because of her severely scarred face; no one will ever kiss her, according to Lisa. Attendants put Polly into solitary confinement as she screams, “my face,” repeatedly. To cheer her, Lisa and Susanna break into a locked storage area and remove a guitar and tambourine. Lisa pours a capsule of medication into the mouth of a sleeping nurse, to keep her asleep, while Susanna plays guitar and sings outside solitary confinement to cheer the sobbing Polly. Lisa sings along, and then begins to dance with one of the attendants who urges the two women to stop their antics. Susanna pulls the attendant to the floor, who is concerned about being fired, and kisses him.

The next morning, Valerie reprimands Susanna for her actions. An attendant escorts Susanna to Dr. Wick’s office. The doctor, who has a British accent, sits behind a dark, wood desk in a richly decorated, Victorian-style room. The room contains a brocade-cloth couch; perhaps, an intertextual reference to the “couch” in classical psychoanalysis. Both patient and doctor smoke. Susanna challenges the doctor about how “promiscuity” differs between men and women, states her desire to Claymoore, and accuses the staff of incompetence. The doctor informs Susanna the hospital determines her release date and her declaration about being “ambivalent” makes a great deal of sense in terms of her present situation. Susanna listens to the doctor’s reflections before departing angrily. According to Susanna, Lisa does not return from Dr. Wick’s office.

She reacts to her meeting with Dr. Wick by taking pills and going to sleep. Valerie asks Susanna to get out of bed, and when she does not respond, she carries Susanna to the bathroom and drops her into a bathtub full of water, dunking her head under water. Susanna yells at Valerie, calls the hospital a “torture chamber,” and

demands that Valerie tell her “what is going on in her head.” Valerie challenges Susanna’s attitude and outburst by asserting she is “not crazy” but “a lazy, self-indulgent, little girl who is driving herself crazy.” Susanna reacts to Valerie’s comments with venomous, racist back-talk.

In the middle of the night, Lisa enters Susanna’s room and asks her if she wants to escape the hospital. Lisa calls Susanna “Jamie” and says the hospital gave her “shocks” again. Lisa’s disorientation frightens and confuses Susanna. The two escape like fugitives into the night. The film’s music becomes edgy and louder as the two women race across the hospital lawn, silhouetted by moon light. Lisa stops a VW bus, and the two catch a ride with some “hippies.” One passes a joint to Susanna. She smokes it and kisses Lisa on the lips. The two end up at a party on their way to Daisy’s apartment. Susanna and a man talk on a couch, and she rebuffs his sexual advances by telling him she is “crazy.” He asks her if she sees “purple people,” as he has a friend who saw purple people until “the state took him away.” This is the third occurrence in the film in which people on the street (taxi driver and Susanna’s male hospital guest) voice deeply stereotypical opinions about the abnormality of people with mental illness.

When they reach Daisy’s apartment, Daisy lets Susanna enter because she has Valium. Daisy and Lisa talk in the kitchen, while Susanna watches television on a fold-out couch. Lisa notices cut-marks along Daisy’s arm and declares the injuries make her less attractive to her father. Susanna attempts to silence Lisa, but Lisa continues to talk about Daisy’s cutting, suicidal impulses, and her incestuous relationship with her (Daisy’s) father. Daisy says her father loves her, and Lisa responds that Daisy’s father

loves her “with every inch of his manhood,” a comment which makes Susanna turn on her side in disgust. Lisa tells Daisy that people know her father is intimate with her, and she enjoys it.

After taking a morning walk, Susanna goes up to Daisy’s room where a love-lost song plays on repeat. She finds Daisy dead in the bathroom, hanging from a shower rod. Lisa comes upstairs and calls Daisy an “idiot,” while Susanna calls for an ambulance. Lisa takes money out of Daisy’s bathrobe pocket, announcing it is time for Susanna and her to depart. In the film shot, Daisy’s corpse hangs between the two women, a gruesome symbol of the coming divide, and rupture in the friendship, between them. Lisa leaves the apartment, and Susanna collapses to the floor in tears. Police officers remove Daisy’s covered body on a gurney; it rains steadily. Daisy’s father drives Susanna back to Claymoore, and she brings Daisy’s cat with her. Susanna laments the pain in Daisy’s life and shares her feelings with Valerie. She asks Valerie about not knowing how to get better when she does not comprehend “her disease.” Susanna’s insights demonstrate a more complex personality than previously depicted in the film. Valerie encourages Susanna to release her emotional pain through writing. Susanna apologizes to Valerie for lashing out and hugs her. The film shows Susanna’s personal growth and recovery through images of her writing, painting, being with others, and participating in analysis with Dr. Wick.

Susanna asks Dr. Wick about the possibility of being released from the hospital, as she no longer has headaches, does not take medication anymore, and sleeps well. The doctor listens. Later, Lisa returns to the ward from a prolonged absence. Her hair is disheveled, her face vacant and skin discolored. Foreboding music plays as attendants

lead her quietly to solitary confinement. As she passes by Susanna, Lisa shudders briefly. Lisa appears hollowed out, vacant, and worn down by her time outside the hospital. In solitary, Lisa bangs on the wall. Susanna informs Lisa through the peep window, a glass rectangle reinforced with screen, of her upcoming release. Lisa, reduced to just a pair of eyes, glowers.

At a meeting to discuss her release, Susanna apprises the hospital staff that her father got her a job at a Harvard Square bookstore, that she has an apartment, and that her future goal is to write. Even though she is leaving the ward, a nurse insists Susanna take medication, which she hides and then consumes after witnessing the violent removal of a patient in a straightjacket.

Susanna awakens in the night when she realizes her cat is missing from her room. Her search leads her to the tunnels below the hospital where Lisa is reading Susanna's journal to Polly, who has the cat, and Georgina. The candid content in Susanna's journal offends her fellow patients. Lisa becomes aggressive with Susanna and attacks Susanna's writing as cowardly. Lisa claims to at least have the courage to share her thoughts and feelings directly with people. She wraps Susanna's journal hard, and the strikes on the book cover sound like physical blows. Reminiscent of a horror film stalker scene, Susanna, desperate to escape, flees from Lisa in terror. Images of pipes, strange shadows, narrow unpainted brick walls, broken furniture turn the underground tunnels into a maze of frightening confusion and entrapment. Lisa chases Susanna and harangues her verbally, becoming the dangerous "mentally ill" patient who menaces the now "normal" Susanna. The music clangs, throbs, and intensifies. In her attempt to pull a sliding door close to block Lisa's pursuit, Susanna slams the door on her hand, crushing and cutting it

open. Meanwhile, Lisa holds a syringe in her hand like a weapon. In a final attempt to flee the tunnel, Susanna runs up a staircase, pounds desperately on a barred door secured with a large iron padlock, and then attacks Lisa verbally. She tells Lisa that she (Lisa) is already “dead,” that no one would mind if she (Lisa) died, and that she needs to remain at the hospital in order to live. Susanna’s words cause Lisa to collapse into hysterical sobbing; she curls to the floor. With her hands to her head, she howls like a wounded animal. Next to her in the film shot a basement fire burns behind barred grating, a symbol of Lisa’s own personal hell. The scene affects Polly and Georgina, who have been following along. Georgina shrieks and grasps her head. Susanna tearfully exclaims she would rather be out in the world than inside the hospital with them. Lisa almost injects herself with the syringe and then drops it.

The following morning, Susanna enters Lisa’s room under Valerie’s supervision in order to paint Lisa’s nails. A comatose Lisa’s lays on her bed in a hospital gown, her hands and feet secured in thick leather restraints. As Susanna’s paints, Lisa cries and whispers, “I am not really dead.” Susanna responds quietly, “I know,” and shares her hope that Lisa recovers, leaves the hospital, and visits her someday. Susanna hugs her fellow patients and Valerie as she departs. The patients who were institutionalized when Susanna arrived remain on the ward. The only one who left (besides Susanna) committed suicide. In a voice-over, she describes herself as a “recovered borderline,” a diagnosis she never really understood, and wonders if she was “ever really crazy,” adding “maybe” or “maybe life is.” Susanna concludes that most of the patients she knew eventually left the hospital.

The following icons appeared in the film:

Icons	Frequency
Staff (broom)	1
Naked	1
Clothes in disarray	1
Eyes cast down	3
Hands grasped to face	5
Clenched fists	5
Hidden hands	8
Seated	12
Tearing clothes (cutting pants)	1
Restrained	5
Ecstatic swoon	1
Musical icons	5
Dance icons	2
Scampering fools	3
Held/guided by warders	11
Facial expression of fear	2
Facial expression of terror	3
Dark asylum (dark ward, tunnels)	4
Lighted window/door	15
Shaft of light	3
Individual illuminated	4
Straightjacket	1
Sexual deviant	1
Flailing limbs	6
Body invasive technique	4
Ship of fools/confinement (solitary)	3
Cage (barred/screened window/door)	24
Bedlam	1
Hospital white (walls, uniforms, tub)	16
Bandages	5
Glazed stare	7
Locked door/keys	5
Art icon	8
Gurney	2
Doll (doll, puppet, Teddy bear)	10
Playing cards	1
Hospital technology	1
Playing games	1
Disheveled hair	5
Reading books (book, journal)	4
Bus (VW bus)	1
Freud (therapy on couch)	2

Rain	1
Rocking chair	1
Cackle	1
Alarm	1
Ambulance	1
Shuffling	2

Additional icons not listed on the rubric appeared in the film:

Medication (pills, pill bottle)	10
Paper cup (pills)	6
Syringe	4
Cigarette	19
Television	11
Razor	1
Writing in a journal	6
Crying/tears	10
Sobbing	5
Cat	8

The following stereotypes of mental disorder occurred in the film:

Stereotype	Image	Speech
Dangerous	9	3
Object of violence	7	2
As atmosphere	9	-
Pitiable and pathetic	2	2
Sexually deviant	1	3
Incapable	-	2
Comic figure	1	1
Own worst enemy	6	9
Burden	-	1
Mentally ill/pathological	9	11
Creative/artistic genius	3	2

The following positive portrayals occurred in the film:

Positive Portrayal	Image	Speech
Has complex personality	-	2
Part of the mainstream	1	2

The most frequently depicted thematic portrayal of mental disorder in the film is that of “mentally ill/pathological.” The movie contextualizes mental disorder as an

“illness” requiring medical attention in the form of various, often invasive treatments and therapies. Many scenes occur within the mental hospital. Hospital white, nurses dressed in traditional uniforms, medication cups, pills and pill bottles, syringes, restraints, gurneys, hospital technology, intake paperwork, client files, as well as injured, cut, or bruised body parts comprise some of the medical-themed images, perpetuating the pathological stereotype. The speech examples associated with this stereotype occur in conversations about psychiatric diagnoses and therapy dialogue.

Speech and images construct patients as dangerous and objects of violence. For example, one patient flicks her ashes into another’s mouth. Lisa drugs a nurse, slaps a patient in the face, and kicks another. Like a maniacal villain, she chases Susanna in the basement’s tunnels, a filled syringe in hand. Language, in the form of verbal assaults, can be dangerous, too. Lisa’s brutally candid remarks to Daisy may have been the catalyst behind Daisy’s suicide. Susanna’s pronouncements regarding Lisa’s humanity led to Lisa’s emotional collapse. In addition, recurrent images of locked doors and barred or screened windows illustrate a “dangerous” environment requiring security measures. Here, patients must be locked away for their own and the community’s safety.

The actions of the hospital staff foster the object of violence stereotype. Staff members restrain, hold, and guide patients throughout the film. They put patients into solitary confinement, sometimes violently, and administer body invasive techniques, such as injecting a patient with a syringe of medication or securing someone in a straightjacket. Lisa speaks about receiving “shock” treatments.

The own worst enemy stereotype occurs with regularity in both speech and images, as well. Susanna’s suicide attempt and discussion of it, her bruised wrist and cut

inner palm from self-abuse, and Jamie and Daisy's suicides are examples of this stereotype.

Other characters depict Susanna as both incapable and pitiable, stereotypes of mental disorder. Her guidance counselor informs Susanna that she is the only high school senior not attending college from her class, and she dismisses Susanna's future plans of becoming a writer. Susanna sleeps through her school's commencement ceremony, not hearing her name called and embarrassing her parents. A family friend claims she is a burden to her family when he voices, "You're hurting everyone around you." He later states she "needs a rest," implying she is not functioning well in everyday living. Valerie's comments to Susanna, that she is a "lazy, little girl" making herself "crazy," support the pitiable and pathetic stereotype, too.

Unidentified patients, shown milling about the ward or engaged in routine activities like watching television or participating in occupational therapy, serve as atmosphere in the movie. Their function in the film is to show everyday life on a mental ward. The scene in which a group of patients ventures into town for ice cream moves beyond the atmospheric stereotype to comic relief. In the ice-cream parlor, the patients' silliness and socially inappropriate behavior depict people with mental illness as zany, laughable, and out of control.

The depiction of Susanna as a burgeoning writer, whose skill is considered a "gift," activates the creative/artistic stereotype. Susanna writes and draws in her journal in a handful of scenes. Moreover, viewers learn that "writers" have sought care at Claymoore in the past.

The two positive portrayals of mental disorder in the film include having a complex personality and being part of the mainstream. Susanna's personal maturation and growing insightfulness, communicated mainly through dialogue, indicate a complex personality and sense of self. The birthday party at her home and her future plans for living outside of the hospital, which include working at bookstore and residing in her own apartment, show Susanna as being part of society through family connections, employment, and personal independence.

***Quills* (2000, Fox Searchlight Pictures)**

At the start of the eighteenth-century, the Marquis de Sade, the infamous writer played by Geoffrey Rush, resides at the Charenton Asylum for the Insane in the movie *Quills*. There, he smuggles his provocative prose to a publisher through Maddy, a chambermaid played by Kate Winslet. His salacious novels capture the attention of Emperor Napoleon, who sends Dr. Royer-Collard, played by Michael Caine, to the asylum to “observe” its functioning—and its notorious patient. The doctor interferes, and eventually undermines, the authority of the enlightened supervisor, the Abbe de Coulmier, who treats the asylum’s patients with kindness and sensitivity. For personal reasons, Dr. Royer-Collard’s focuses his attention and wrath on the Marquis, enlisting the Abbe’s assistance in the writer’s torture, imprisonment, and eventual demise.

The film commences with a scene of the Marquis’ everyday life at the asylum. Elegant furnishings fill the Marquis’ room, such as marble statuary, candelabras, and an ornate dresser and mirror. Inside, he hums and writes at an ornate desk. In the hallway, Maddy calls for his soiled linens. Donned in worn, stained nobleman’s attire, and a long, white wig, the Marquis hands over more than linens through a small, sliding opening in his door. He gives Maddy newly penned pages to the last chapter of one of his manuscripts. She discreetly covers the pages in her linen basket, and later hides them under her shawl with the intention of delivering them to a man on horseback outside the asylum.

Maddy walks out of the asylum to deliver the Marquis’ pages. Patients appear outside. A young man, who is bald and wears a dingy gown, carefully brushes his scalp, observing himself in a hand-held mirror. Other patients, dressed in drab-colored smocks

and pants, play ball. The Abbe, played by Joaquin Phoenix, joins them in their game. Bouchon, a large, menacing patient, blocks Maddy's path down the asylum steps. His teeth are brown, and he chuckles to himself. The Abbe advises him to "mind his manners," after which Bouchon allows her to continue on her way. These initial scenes allude to the historical practice of moral management, the therapeutic philosophy and methods of not restraining and sequestering patients, but allowing them some freedom and facilitating wellness through work, recreation, and the outdoors (Showalter, 2008). What is more, the Abbe's paternalistic tone with Bouchon resonates with moral management; Victorian doctors espoused such paternalistic, kindly care with their patients (Showalter, 2008).

A man on horseback waits for Maddy by the asylum gates. She delivers the manuscript to him, and he passes along his publisher's recommendation that the Marquis begin another manuscript soon. Although printed and distributed underground, the Marquis' works sell briskly. Maddy promises to pass along the request to the author. The film segues to a back alley in Paris, where excited customers grab and read copies of the new novel, *Justine*.

Everyone appears to be reading the sensational novel, including the Emperor Napoleon. After listening to his aide read from *Justine*, he orders all copies of the book to be burned and the author shot. The aide counters the Emperor's command by suggesting he "cure" the Marquis and bring him "to his senses" by enlisting the help of Dr. Royer-Collard, a "distinguished alienist, a staunchly moral man of impeccable character and iron resolve."

As the aide speaks, the scene shifts to Dr. Royer-Collard administering a type of “treatment” to a patient. The patient sits strapped into a chair, his head fixed in place by a steel headpiece comprised of two long screws close to the temples, in preparation for being dunked repeatedly backward into a tub of water. A fire burns brightly and chains drape from the walls, intertextual images of a medieval dungeon. The images contrast sharply with the therapeutic environment at Charenton, and harken to the historical reality of the use of severe, physical apparatuses of restraint and treatment. In *The Female Malady*, Showalter (2008) catalogs some of these devices, such as “manacles, chains, fetters, hobbles, gyves, leather muzzles, leather gloves, leather sleeves, handcuffs, muffs, body straps, stocks to prevent biting, strong-dresses, strait-waistcoats, coercion-chairs, strongchairs, and crib-beds” (p. 31). Gilman (1982) writes about the depiction of mechanical devices in his discussion of the representation of insanity through the ages. He documents startling images of physical treatments, which include water dunking, spinning, and various modes of restraint (Gilman, 1982). Gilman (1982) reproduces an image of Benjamin Rush’s “Tranquilizer” chair, in which the patient is strapped to a chair and a box placed over his/her face. While not an exactly the same, the dunking chair used in the film echoes the “Tranquilizer” chair.

The doctor discusses his “aggressive” treatments with a royal emissary. He asserts his mission is to “take God’s tiny blunders and those he has forsaken and condition them with the same force and the same rigor one would employ to train a feral dog or a wild stallion. This may not be pretty, but it is mercy, just the same.” The dialogue harkens back to the history of madness in which individuals with mental illness were likened to animals, as being less than human. While he speaks an attendant continues to dunk the

patient in the Tranquilizer-like chair backward in water. The patient gasps and tries to catch his breath each time he emerges from the tank.

The doctor and emissary continue their tour of Collard's asylum. Barely clothed or naked patients appear in various torture-like restraints. Patients are shackled and strapped down in chairs or on tables. One man's hands are tethered to cuffs and chains pulled above his head. A cage with spiked bars locks away another. The emissary invites Dr. Royer-Collard to Charenton, where the Marquis resides, to inspect the asylum. The doctor agrees to do so. Ominous music plays as the doctor departs for Charenton in a horse-drawn carriage.

At Charenton, the Abbe instructs Maddy on reading and writing, guiding her hand as she practices her penmanship. His level of attention communicates deep care for Maddy. He quotes St. Augustine and encourages her to continue practicing her skills, which she does later by reading the Marquis' writing to a few young workers at the asylum. They sit on a hay stack and listen intently; one fondles the breast of another as Maddy reads from the manuscript dramatically. Another worker, however, confronts Maddy, suggesting that she has been in the Marquis' room. Maddy defends the nobleman, describing him as "writer," not a "mad man." A male worker slanders the Marquis, and Maddy and the workers toss and roll around in the hay, bickering and laughing. Meanwhile, Bouchon watches Maddy through a hole in his cell's wall and masturbates.

While walking past patients drawing and painting in a brightly lit room, the Abbe reassures a Charenton employee that Dr. Royer-Collard's presence is "administrative," and that the doctor will not interfere with his supervision of the asylum. Through

depictions of patient care, the Abbe appears to be a much more kind and enlightened supervisor in comparison to Royer-Collard. He praises his patients at work at their easels, patting one on the shoulder.

Later, the Marquis asks Maddy to visit him in his room. At first, she does not see him when she enters his quarters. While she looks for him, she observes the Marquis' belongings more closely—a stool constructed of bones, orange peelings, a dildo, books, quills, pornographic figurines, torn furniture, a skeleton, and a four-poster bed with velvet curtains. Eerie music creates suspense in the scene. Finally, the Marquis emerges behind her. She hands him a bag of coins and informs him his book sold very well, although people burned copies. He laments the burning of his book, but shrugs off the situation as his writing is “incendiary.” He gives her a few coins, lamenting the money cannot purchase “her other talents.”

Maddy requests another book for the publisher. After making suggestive comments about being aroused, the Marquis agrees to give her a fresh manuscript, relinquishing one page for every kiss. She quickly pecks him on the cheek in return for a couple of pages. Impatient with her demur kissing, the writer grabs her by the neck and kisses her deeply. She squeaks in shock, yet allows him to grope her for more pages until he offends her with talk about her virginity. She slaps him on the face and grabs the remainder of the book. The Abbe hears commotion coming from the Marquis' room and enters. Maddy admonishes the Marquis for his behavior and leaves abruptly, hiding the manuscript from the Abbe's view. The Abbe encourages Maddy to go to Confession rather than the Marquis' room. The Marquis offers the Abbe a glass of wine. The Abbe encourages the Marquis to purge his libidinous talk and thoughts through writing.

Dr. Royer-Collard arrives at Charenton, entering through locked gates. A few patients scamper outside; others sing choral music in a small ensemble directed by the Abbe. They wear drab, torn clothing, and some have disheveled hair. A large man with a full beard wears a bonnet. After the choir finishes its song, the Abbe introduces himself to Dr. Royer-Collard. The doctor announces his oversight of the asylum as a “formality.” The two men discuss the Marquis’ past, as he elicited the Emperor’s interest in the asylum. After reading the Marquis’ case history, Dr. Royer-Collard claims the Marquis “violated a serving girl with a crucifix,” among other salacious, dangerous behavior. The Abbe invites the doctor to judge the writer on his progress, not previous actions, noting the Marquis has done good work leading the asylum’s theater group. Through a small opening in a door, the priest comments on the therapeutic value of the theater arts, to which the doctor disagrees, flatly stating that “playing dress-up sounds like a symptom of madness and not a cure.”

The two men walk through Charenton, and additional scenes of asylum life appear. Patients lie on curtained beds, although none appear to be in restraints. The Abbe and Dr. Royer-Collard discuss the Marquis’ writing. The priest learns the Marquis has been publishing his writing while in the asylum, a shocking revelation. Dr. Royer-Collard demands that the Abbe “silence” the Marquis or the Emperor will close Charenton. He suggests the Abbe use his “calming chair” or bleeding with leeches as methods of treatment—again, historical references to the treatment of madness. As the men talk, Dr. Royer-Collard’s attendants bring in a steel chair and an iron coffin-like cage—terrible, physical means of restraint. The Abbe gives Dr. Royer-Collard his word that he can make the Marquis stop writing.

The Abbe visits the Marquis in his room and expresses his distress regarding the Marquis' secret publications. He informs the Marquis of the Emperor's threat regarding closing Charenton if the Marquis continues to publish his books. The Abbe laments the fate of the patients if they were to be put out on the streets. The Marquis responds coldly to the priest's concerns. He says, "Fuck them. They are half-wits and pin-heads . . . let them die on the streets as nature intended." The Abbe implores the writer to comply with his wishes, not to publish future manuscripts, for his and the other patients' sakes. In the hallway, the Abbe informs Dr. Royer-Collard the Marquis will not publish again, and that the Marquis is his "friend."

Believing the situation to be under control, Dr. Royer-Collard visits a nunnery to claim his future wife. A nun notes that Simone, a poor orphan, "has not come of age." Dr. Royer-Collard explains his current role at Charenton as creating a need for "the succor only a wife can provide." The doctor takes his child-bride to a run-down chateau, which the doctor plans to restore with the assistance of a young, handsome architect. Dr. Royer-Collard instructs the architect to fulfill all of Simone's wishes regarding the rehabilitation and decoration of the house. He has two requests, however, for Simone's bedroom. He wants iron bars on the windows, and the door lock placed on the outside. His intention is to "keep her caged." Soon she learns of her "wifely duties" in a cruel, unloving manner.

Through Maddy, the Marquis becomes aware of Dr. Royer-Collard's marriage to the young girl. He pens a satire in response, *The Crimes of Love: A Farce*. The asylum patients put on the play, which wealthy patrons come to see. The scene inside the asylum is quite festive with music, lighted candles, and guests wearing elegant evening attire,

images cueing the historical practice of a “Lunatics’ Ball.” The Marquis’ wife, dressed in a hooded red cape, has come to see the play, as well.

In a comical, bawdy performance, the patients act out the Marquis’ farce. The Abbe anxiously turns his rosary in his hands as the play closely recounts the doctor’s marriage to, and exploitation of, Simone. The patrons and patients laugh uproariously at the actors’ titillating dialogue and actions. Dr. Royer-Collard commands Simone to leave her seat.

Backstage, Bouchon attempts to rape Maddy, who frees herself from his clutches by hoisting a hot iron to her attacker’s face. Bouchon tears down the stage’s curtains, howling in pain. The Abbe comes to Maddy’s rescue, holding her. On his way out, Dr. Royer-Collard closes Charenton’s theater and threatens Abbe with closing the asylum, too, if he does not silence the Marquis.

The Abbe takes action and confiscates the Marquis’ quills as punishment for writing and putting on the satirical play. He invites the Marquis to read instead and hands him the Bible. The writer spits on the book and tosses it to the floor. The Marquis begs the Abbe not to take away his quills; the prospect of not being able to write deeply disturbs him. Later, the Marquis lashes out at his wife who pays him a visit in the asylum, bringing him gifts of candy and dildos. He slaps her hard in the face and yells at her for not bringing him what he truly needs—quills and ink. She laments her own private pain for being his wife, crying about the disrespect she endures from others because of it. The Marquis berates her and accuses her of not helping him leave the asylum.

The Marquis' wife visits Dr. Royer-Collard at his home to enlist his assistance in treating her husband. The doctor asks her to pay more for the Marquis' care, suggesting she use some of the proceeds from the sale of the Marquis' books. He manipulates her and exploits her vulnerabilities of feeling like a social outcast because of her marriage to the Marquis. She agrees to pay the doctor for "treatments."

Driven to write, the Marquis becomes resourceful by using a chicken wishbone and wine. He commences a new story on his bed sheets and hands them over to Maddy when she comes to collect his linens. Maddy transcribes the Marquis' writing to paper, reading sections to her mother, who is blind. Both women laugh out loud over sections of the witty prose.

Maddy later delivers the manuscript to the unnamed horseman. The doctor finds the bed sheet with the writing on it and surmises it is the work of the Marquis. The Abbe removes the Marquis' belongings from his room. The writer is beside himself by the confiscation of his furnishings.

Meanwhile, Simone purchases a copy of *Justine*, one of the Marquis' novels, brings it home, and pastes it inside the covers of one of her own books, *A Lady's Garden of Verse*. She reads the libidinous novel late into the night, aside her husband.

The Marquis, still undeterred, discovers another means for writing his stories. He breaks a mirror and cuts the tips of all of his fingers, using the blood as ink and his clothes as paper. The following morning, Maddy finds him with pieces of cloth bandaged around the tips of his fingers. The Marquis demands she come inside his room, where he shows her his ingenious masterpiece. She reads fragments off his clothes and exclaims, "You're a genius!" The Marquis escapes his room when Maddy goes to leave. The Abbe

takes away the writer's clothes, as further punishment for his actions. The doctor orders Maddy to be lashed for entering the Marquis' room. She is beaten publicly, until the Abbe intervenes. Bloody gashes run down her back. While being treated for her wounds, Maddy finally tells the Abbe the truth about her interest in the Marquis' novels, and how the books provide her with an outlet for her darker thoughts and feelings, allowing her to be "a good woman" in real life.

The Abbe decides to send Maddy away from Charenton. She does not want to leave, and that evening goes to the Abbe's room and asks to stay. Romantic tension occurs between the two, and they kiss. He quickly pushes her away and says he "loves her as a child of God." Maddy hurries out of his room in tears.

Romance occurs elsewhere, as Simone and the architect become lovers. She writes a letter to Dr. Royer-Collard, sharing her plans to depart the newly renovated house with her lover, the architect. She leaves the letter on the front door. The doctor reads the letter and discovers the disguised novel, *Justine*, on their bed. The doctor directs his rage of losing his wife onto the Marquis and "treats" the Marquis by restraining him in a dunking chair. An asylum attendant repeatedly dunks the Marquis into a tub of water.

After his "treatments," the Marquis returns to his barren cell in the asylum. Heavy chains and locks now bar his cell door. Inside, the Marquis, naked, vulnerable, and spent, sits on the floor with his arms wrapped around his bent legs. Maddy tearfully peers through the small, barred opening in the cell's door. She informs the writer of her pending departure from the asylum and asks him to tell her one last story to remember him by. He stands up and approaches the door, saying he cannot do so, and that "they

have lost.” The Marquis then changes his mind, directing her to go to the linen pantry later that evening with a quill and paper.

A thunderstorm with heavy rain and lightning occurs that night, filmic elements cuing a sense of foreboding and danger. Maddy sits at a table in the linen room, quill in hand, waiting for the Marquis’ story. The Marquis has enlisted several patients at the asylum to assist him in telling the story, relayed in parts by word of mouth, patient to patient, to Maddy at the end. The first patient in the chain to pass along the Marquis’ story claims he has turned into a “sparrow.” He sits perched on a swing in his cell; next to him, a bird resides in its cage.

The Marquis commences a tale about a prostitute and her encounter with a client, a surgeon, who cuts out her tongue and burns her with “a poker from the fire.” After hearing the phrase about fire, Dauphin, a pyromaniac dressed only in underwear, grabs a candle from an adjacent cell and starts a fire. The blaze excites him, and he dances around his cell. Meanwhile, Bouchon, part of the chain of communication relaying the story to Maddy, becomes aroused. An alarm sounds, and warders race to the Dauphin’s cell, which blazes.

Dauphin grabs a burning torch, a staff of madness, and begins to set fires to other parts of the asylum. Bedlam erupts as patients emerge from their cells; warders shout and attempt to quell the sundry blazes. Among the various screaming voices is Maddy’s. Bouchon has broken through his cell’s wall and entered the pantry. Maddy asks Bouchon to “mind his manners.” He grabs her, and she screams for her life. The Marquis, other patients, and even the Abbe, recognize Maddy’s cries of distress.

Dr. Royer-Collard emerges from his private room and goes downstairs into the chaos. He walks right up to the pantry door and hears Maddy's terrible screams. He does not open the door, nor make any attempt to save her. Inside, Bouchon brandishes a pair of scissors in Maddy's face. The Abbe frantically searches for Maddy amid patients gone "mad"—having intercourse in the asylum's front doorway, riding piggyback on one another, attempting rape, and dancing naked. He runs past the Marquis' doorway; the writer orders him to find her, which he does. Bouchon has murdered her and disposed her body in a large, water-filled laundry tub. Her mother, somehow knowing of her daughter's fate, blindly paddles the water for her daughter. The Abbe pulls Maddy's corpse out of the bloody water, holds her closely, and sobs.

Asylum warders place Bouchon in a locked iron cage within a locked solitary cell as punishment for his crime. Dr. Royer-Collard places blame for Maddy's murder, not on Bouchon, "one of nature's experiments gone awry," but on the Marquis. The doctor exploits the Abbe's deep grief, enough so, to motivate him to retaliate against the Marquis. The Abbe goes to an underground cell where the Marquis lays on the floor collared and chained by the neck. The priest lambasts the imprisoned Marquis for his involvement in Maddy's death, grabbing him by the throat. The Marquis fights back by claiming he had sex with Maddy many times. The Abbe informs the writer that they inspected Maddy's body, and she died a virgin. Hearing this, the Marquis collapses in tears, states he wants to pay for a proper burial for her, and then spits in the Abbe's face.

The Marquis next appears strapped down on a table. A man sharpening a blade on a leather strap states he gave the Marquis "opium to numb the pain." The Abbe dismisses the use of a painkiller, as "penitence" is the "point" of the procedure. The men force open

the writer's mouth with a metal instrument, and then cut out his tongue. The Abbe leaves the room, banging his head against the door. Later, he flagellates himself while reading the Bible by candlelight. He gives Dr. Royer-Collard a jar with the Marquis' tongue, a bloody specimen. The doctor is pleased.

That night, the priest has a dream involving Maddy and necrophilia. A warder awakens the priest from his nightmare to make him aware of the Marquis' behavior in his underground cell. The writer has written on his cell walls with his feces. The Marquis removes bloody bandages around the writer's mouth and commences to give the man Last Rites. He quietly asks the Marquis to kiss his crucifix. The Marquis swallows it instead, killing himself. Realizing the Marquis committed suicide, the Abbe screams. Patients, now in restraints, hear his terrible howl—his break into madness and despair.

A year later, Dr. Royer-Collard welcomes a new priest to Charenton. The Abbe no longer serves in the role, as he is now an inmate of the asylum. The doctor takes the new priest on a tour of the hospital, which now runs a printing press publishing the Marquis' works. Dr. Royer-Collard notes how various tasks are assigned to patients with certain conditions. "The compulsive inmates set the type," for example. He further claims a "hard day's work" makes the patients feel "at peace." Again, the movie's illustration of work as a therapeutic activity harkens to moral management. Interestingly, the categorization of work roles by mental condition is not new. Showalter (2008) recounted how female asylum patients in France performed various laundry tasks according to their diagnoses. She writes, "The delirious washed, the imbeciles carried the linen to dry, the melancholy ironed it, and the monomaniacs folded it and put it away" (Showalter, 2008, p. 83).

Dr. Royer-Collard and the new priest stop by the Abbe's cell. Being a patient has transformed him. His hair is long and disheveled, and he wears soiled, loose clothing. The Abbe begs the priest for writing implements and paper. The doctor forbids the request, as the "patient poses a great danger to himself and others." The Abbe lunges through the cell door's bars and grabs the doctor by the tie. Maddy's mother responds to the Abbe's pleas, however, dropping off writing supplies in a bundle of fresh linen. She tells him to use the quill well, as he "owes her that." Hearing the Marquis' voice, the Abbe begins to write his own story.

The following icons appeared in the film:

Icons	Frequency
Staff (props, cane, torch)	4
Naked	10
Clothes in disarray	8
Hands grasped to face	1
Clenched fists	3
Hidden hands	2
Seated	10
Chained	8
Restrained	9
Ecstatic swoon	1
Musical icon	7
Dance icon	1
Scampering fools	2
Held/guided by warders	5
Criminal insanity/deviance	4
Dark asylum	8
Lighted window/door	19
Shaft of light	2
Individual illuminated	2
Lunatic's Ball	1
Sexual deviant	6
Flailing limbs	4
Body invasive technique	6
Rat	1
Confinement	19
Cage (window grates, bars)	19

Bedlam	4
Hospital white (linen, curtains)	6
Bandages	5
Glazes stare	3
Locked door/keys	13
Art icon (painting, brushes, artwork)	9
Playing games (ball)	1
Disheveled hair	6
Reading, books	8
Rain	3
Alarm	1
Shuffling	1

Additional icons not listed on the rubric appeared in the film:

Writing	4
Quill (pen)	7
Crying/tears	1
Sobbing	2

The following stereotypes of mental disorder occurred in the film:

Stereotype	Image	Speech
Dangerous	7	2
Object of violence	6	1
As atmosphere	12	4
Pitiable and pathetic	1	1
Sexually deviant	5	6
Comic figure	2	2
Own worst enemy	-	1
Incapable	-	1
Creative/artistic genius	4	5
Mentally ill/pathological	3	1

The following positive portrayals occurred in the film:

Positive Portrayal	Image	Speech
Interacts as equals	1	1

The film depicts mental disorder in stereotypical ways, the atmospheric, artistic genius, sexually deviant, and dangerous stereotypes most prominently deployed. While some patients have roles in the film, most appear as atmospheric background characters

whose main purpose is representational. They either look the part of an asylum patient or act out asylum life. They also communicate different philosophical views and approaches regarding the “treatment” of mental illness. For example, the patients under Dr. Royer-Collard’s care (not at Charenton) show the doctor’s use of mechanical devices and restraints. Attendants dunk one patient, secured in a chair with a restraining helmet comprised of bolts and screws. Another one remains captive in a cage with pronged bars. The limited freedom and kinds of activities patients engage in at Charenton, however, depict a more humane approach to patient care. Patients appear in scenes of asylum life playing ball, painting, singing, eating at a communal table, and walking the grounds.

As atmospheric stereotypes, the patients at Charenton visually represent “madness.” They wear odd, filthy, or torn clothing; their hair is often disheveled. Patients appear naked or barely clothed. Some have distorted facial features. A burly grown man wears a ladies’ bonnet. They also behave in strange ways. One young man, wearing a soiled woman’s gown, brushes his bare scalp while observing himself in a hand mirror. Another flicks his tongue repeatedly. A character, whose role is more developed in the film, claims to have transformed into a bird. He swings on a perch in his cell, and also tells the Abbe a joke: What kind of bird resides in an asylum? The Abbe correctly answers, “A loon!” Random patient screams further deploy the atmospheric stereotype.

The two stereotypes associated most frequently with the Marquis de Sade are artistic/creative genius and sexual deviant. The film portrays the Marquis as a gifted writer and theater director, consumed with a desire to create and express himself on the page and stage. Scenes show the Marquis at his writing table, quill in hand, or leading a cast of patients in rehearsal. In one scene, he enthusiastically declares to his actors,

“Inside each of your delicate minds and distinctive bodies, art is waiting to be born!” His writing is profitable and relished by his readers. Maddy defends the Marquis as a “writer” and not a “mad man.” She also refers to him as a “genius.” What is more, the Marquis reacts badly to having his quills taken away. He likens their confiscation to “rape” and becomes extremely resourceful in terms of creating writing implements in order to pursue his craft. He writes with his own blood and feces.

The Marquis’ writing, manner of speech, and past actions activate the sexually deviant stereotype of mental disorder. Dr. Royer-Collard decries the Marquis’ past misdeeds of violating a servant girl with a crucifix and cutting a prostitute. The Marquis kisses and fondles Maddy in his cell. He writes and tells stories with graphic sexual, sometimes violent, content. In addition, he suggests the Abbe have sex with Maddy on a couple of occasions.

Other patients at Charenton perpetuate the sexually deviant stereotype, as well. Bouchon masturbates while peeping at Maddy through a hole in his cell wall; he attempts to rape her. When the asylum burns, and patients run amok, patients have sex outside in plain view, while a couple of men attempt rape.

Further acts of violence occur in the film. Patients’ behavior cues the dangerous stereotype on several occasions. Bouchon blocks Maddy’s path when she attempts to walk to the asylum gates. While he does not touch her, his actions startle and frighten her. Later, he mutilates and murders her, her blood spattering his clothing. The Abbe states to Dauphin, “It is better to paint fires, than to start them.” Driven to start fires without apparent reason, Dauphin sets the asylum on fire, risking the safety of all inside. He talks to himself, dances, and races around after doing so. The Marquis behaves violently with

his wife, slapping her in the face and verbally abusing her. At the end of the film, the Abbe, now an asylum patient, displays violent tendencies when he grabs Dr. Royer-Collard by the collar. The doctor notes the priest poses a “danger to himself,” a reference to the own worst enemy stereotype.

While patients appear dangerous, they also are objects of violence. This stereotype manifests during various “treatment” scenes. Dr. Royer-Collard’s apparatuses seem more like torture devices than therapeutic methods. Asylum attendants restrain the Marquis, secure chains at his neck, and sequester him in an underground cell. They lock Bouchon in a coffin-like enclosure with iron bars. Other scenes show patients in chains and tethers. Perhaps the most graphic object-of-violence depiction occurs with the surgical removal of the Marquis’ tongue, which the Abbe gives, as a specimen in jar, to the doctor.

Additional stereotypes of mental disorder appearing in the film include comic figure, pitiable/pathetic, mentally ill/pathological, and incapable. Patients, as actors in the Marquis’ plays, activate the comic stereotype in their dress and performances. They ride stick horses, wear funny costumes, and act out sexual acts in silly ways. The pitiable and pathetic stereotype emerges when Abbe scolds a patient for eating paint and when Bouchon picks his nose. Certain patient actions, such as fire-starting, delusional thinking, and smearing feces, cue the mentally ill/pathological stereotype. Lastly, the Abbe’s lamentation about the fate of Charenton’s patients, if the asylum were to close, speaks to the incapable stereotype. He worries how the patients will eat or clothe themselves without the asylum’s care.

Interacting as equals is the one positive portrayal of mental disorder identified in the film. The Marquis and the Abbe act as peers when they have wine together in the Marquis' quarters. The priest refers to the writer as his "friend." These friendly interactions become less frequent and finally cease, however. The deterioration of their "friendship" mirrors the erosion of the kindly, humanistic care in the asylum as Dr. Royer-Collard takes command.

***A Beautiful Mind* (2001, Universal Pictures)**

A Beautiful Mind recounts the life story of John Nash, a Nobel Award-winning mathematician who has schizophrenia, played by Russell Crow. John's mental deterioration begins during his graduate school years at Princeton University, where he first experiences visual and auditory hallucinations. Paranoia and delusions occur later, and John believes he is a secret agent for the government. He struggles with social interactions and appears awkward, and at times, self-absorbed and misanthropic. Despite his social difficulties, he dates and marries Alicia, one of his students at Massachusetts Institute of Technology (MIT), played by Jennifer Connelly. Alicia's love and support for John play an enormous role in his ultimate return to mental stability. Another restorative factor is John's move back to Princeton. In time, he teaches classes at the university. The pinnacle moment of his career (and in the film) comes as a surprise: John wins the Nobel Prize later in his life.

The film begins with a scene at Princeton University in 1947. In a wood-paneled room, graduate students listen to professor extol the accomplishments of mathematicians. John Nash sits off to himself, and afterwards, interacts awkwardly with his classmates at an outdoor mixer. Contemplating a fellow student's tie, he picks up a crystal glass and pivots it in the sun to create light beams that mirror the lines on the man's tie. To the man with the tie, he declares, "There has to be a mathematical explanation for how bad your tie is." Other students approach John. He insults the intelligence of Martin Hansen, a classmate and intellectual rival, who describes John as a "genius" from West Virginia and co-winner of a prestigious scholarship.

While setting up his desk in his dorm room, John meets his roommate, Charles, who is actually an auditory and visual hallucination. John and Charles get to know another over a flask of whisky. Charles comments on John's social reserve, and John states his first-grade teacher told him he was born with "two helpings of brain but only half a helping of heart." John admits to being a misanthrope and that his goal in life is to discover a "truly original idea."

John continues to find interpersonal interactions challenging and struggles in school. At a pool hall, he approaches an attractive woman at a bar and stares at her. In order to start a conversation, the woman instructs John to buy her a drink. He does not, and instead asks to forgo polite conversation and just have sex. She slaps him in the face and leaves the bar. In another scene, a professor tells John that his lack of scholarly progress will prevent the department from recommending him for an academic placement. The news stuns John. Back in his room he struggles to maintain his composure, searching for an idea amid the mathematical equations written in white wax pencil on his windows. On the verge of a mental collapse, he bashes his head against a window pane. His head bleeds, and he pushes his desk toward Charles, in frustration. Charles boldly confronts his roommate's emotional outburst by pushing John's desk out the window. It falls dramatically to the ground below; an explosion of wood pieces and paper litters the snow.

Back at the bar, John's intelligence manifests in a conversation among his classmates regarding their prospects with a group of women. John explains how they will all get a date through a brief explanation of Adam Smith's theory of governing dynamics. The conversation acts as a catalyst for John to gain momentum and focus regarding his

scholarly work. He returns to his dorm room and begins to write feverishly. He finally produces a paper that impresses his professor, who declares that John's ideas challenge "150 years of economic theory." He calls the work a "break-through" and reassures John that he will get an academic position at any place of his choosing, such as the fictitious Wheeler Labs. Next, John and his classmates celebrate their placements over champagne. He acts less reserved around the men and offers Martin a glass of champagne.

Five years later, John has been summoned to the Pentagon to break Russian code, one of his first delusions. In the fantasy narrative of the film, high-ranking military leaders debrief John on their code-breaking activities. John faces a wall of illuminated code and considers the rows of numbers. Hours pass, and he stands staring at the code, his mind scanning and crunching the numbers like machine. Hushed voices murmur in the background, along with bracing piano music. John uncovers the meaning behind the numbers; they are longitude and latitude points. Parcher, a mysterious Department of Defense agent, played by Ed Harris, watches John in action. Along with Charles and his niece, Marcy, Parcher is a recurring auditory and visual hallucination.

John drives through a gated entrance to MIT's Wheeler Defense Labs. The university now employs John and two of his Princeton schoolmates. They comment on his success, informing him of his repeated appearance on the cover of *Fortune* magazine. They also remind him of his teaching duties. John begrudgingly goes to teach calculus in a stiflingly hot classroom. He closes the windows to block out the construction noises outside, tosses the textbook, states the course will be a waste of everybody's time, and writes a problem on the board. Alicia, one of the students in the class, takes matters into her own hands by opening a window and asking for a reprieve from the workers below.

The actions foreshadow Alicia's inner fortitude. In time, she and John will become lovers and marry.

Parcher approaches John one evening. John now actively experiences hallucinations and delusions. The agent solicits John's help in top-secret military intelligence. They walk to what John thinks is an abandoned warehouse. Inside, men in white lab coats sit at blinking terminals. The agent compliments John, calling him "the best natural code breaker he has ever seen." He invites John to scan certain periodicals for secret messages for the government. Technicians examine John using various machines and implant an identification chip into his arm.

One day Alicia comes to John's office at MIT. Even though he is dismissive of her, she asks to him dinner, and they begin to date. They attend an elegant gala together. At the party, Alicia gives John an embroidered handkerchief for his jacket pocket; it becomes a sentimental keepsake for him. John exhibits paranoia when he fixates on a couple men, who appear to be looking at and talking about him. Alicia reminds him of her presence, and literally moves his face to see her, gently admonishing him, "Here, me, your date." She instructs him socially by suggesting he bring them something to drink. Outside under the moonlight, he asks her to name an object. She says, "umbrella." He stands behind her, raises her hand to the stars, and traces an umbrella constellation. In this romantic scene, he connects with her through his own interests and intellect.

The film depicts John's delusional behavior more fully. In one episode, John pours over piles of newspaper and magazines in an attempt to decipher hidden messages. He delivers envelopes stamped "confidential" in a mailbox outside a gated mansion. Spooky music plays as he drops off a packet of his findings one night. John scans the area

around the mailbox warily, as a dog barks and a man dashes into the bushes. A car drives past, and the driver stops and stares at John for a moment. Paranoid delusions of being watched and followed slowly engulf him.

In the following scene, he and Alicia picnic by a sunlit pond. He converses uncomfortably with Alicia. As he did with the woman at the bar in Princeton years ago, he tells Alicia that he wants to forgo the “platonic activities” associated with dating and have “intercourse with her as soon as possible.” She does not slap him, however; they kiss. Their relationship progresses. He gives her a crystal prism for her birthday, which she appreciates, even though he arrived late to dinner.

John next appears sitting under a tree, drawing symbols on a magazine page. His fingernails are long, and he is unshaven and slightly disheveled. Charles and Charles’ niece, Marcy, approach John under the tree. Marcy, another recurring hallucination, plays on the lawn while the two men talk about their jobs and life circumstances.

John and Alicia marry, and the film shows the newlywed couple exiting a church to a small crowd of family and friends. The joyful scene shifts to darkness and delusional terror. One night, Parcher speeds up to the gated mansion where John has just mailed another packet. The agent demands that John get into the car, duck down in the backseat, as they are being followed. Another car emerges from the darkness, chasing them, its passengers shooting. A bullet breaks one of the agent’s car windows. Dramatic lighting, gun shots, and speeding car sounds heighten the tension and dangerousness of the scene. John looks wild-eyed, his hair disheveled. He ducks and cowers in the car. Parcher demands that John take his gun and shoot back; John refuses. The agent shoots his pistol several times at the driver of the other car. The chase finally ends when the other car

skids off a dock and into the water. When John arrives at home, he locks himself in a room, away from Alicia. He will not tell her what happened that night. She bangs on the locked door, demanding he talk with her. His mental distress interferes with his ability to communicate with his wife and strains their marriage.

John next peers suspiciously outside a classroom window at a couple of parked cars. His students stare, bewildered by their professor's suspicious behavior. Parcher shows up at the university and encourages John to "calm down." John announces his desire to stop working for the government, especially now that his wife is pregnant. Parcher tells John he cannot quit; if he does, he will lose agent's protection from the Russians.

John travels to Harvard University to lecture at the National Mathematics Conference. His delusional thinking ferments, and he fails to deliver his talk. Two men enter the back of the auditorium, and John believes they are enemy agents who intend to capture him. He darts out of auditorium, running in terror across campus. Dr. Rosen, a psychiatrist played by Christopher Plummer, stops John and requests that he come with him. John punches the doctor in the face and continues running, only to be subdued by a group of men. John flails as the men attempt to contain him. The psychiatrist administers a shot in John's leg to sedate him. The men carry John to a waiting car and drive him to a psychiatric hospital.

The film portrays John's experience on anti-psychotics through a personal point-of-view camera shot. The anti-psychotic medication distorts his visual perceptions. He sees the doctor's office and his hands and legs blurrily. Dressed in pajamas and a bathrobe, he sits in a wheelchair with his arms and legs in leather and chain restraints. Dr.

Rosen tells John the Thorazine will take time to wear off, adding, “Sorry about the restraints. You’ve got one hell of a right hook.” Seeming pitiable, John drools and lunges out of the wheelchair and onto the floor. He sees Charles in the doctor’s office and shouts at the hallucination. The psychiatrist indicates that no one is in the room. Hospital white-uniformed attendants drag John out of the doctor’s office and down a corridor. He screams his name frantically and declares being held against his will. Security screens cover a radiator and windows in the hallway.

An atmospheric shot of the hospital shows the front of the building and grounds. Nurses dressed in white cross the lawn, while patients wearing robes rock or stand by trees. John sits hunched over and sedated in his white-tiled hospital room. The only furniture in the room is a bed with white linen. Dr. Rosen soberly discusses John’s situation with Alicia. The psychiatrist informs Alicia that John has schizophrenia, a condition which often makes people “paranoid.” She is confused and asks questions. The doctor also states that John experiences hallucinations and his roommate Charles is a product of John’s mind. The psychiatrist requests Alicia’s assistance in clarifying the true facts of John’s life from the delusions.

Alicia visits John’s office to learn more about her husband’s work. She is stunned by what she finds. The walls of John’s office are plastered with hundreds of marked-up newspaper and magazine pages, pencil scrawl, and tape—pictorial representations of John’s psychic confusion and distress. She confronts John’s co-workers about John’s activities, his “cutting up of magazines,” and one observes that John had become more “agitated” recently. Alicia then drives to the mansion where John had been delivering his

top-secret packets. She breaks into the mailbox and finds all of his confidential envelopes, undelivered.

Alicia visits John in the mental hospital, and they embrace and sit in a visiting room. John apologizes for his behavior and encourages them to speak quietly, as “there may be microphones.” His delusions have not abated, and he describes his intelligence work to Alicia in an increasingly anxious manner. Alicia interrupts his delusional talk, screaming, “Stop!” She challenges his view of reality, his conspiracy thinking, by tearfully telling him that he is “sick.”

Later, a nurse on hallway phone calls “code red.” The psychiatrist and hospital staff rush to John’s hospital room and find him sitting crossed-legged on the floor. His arm bleeds from a gash he has given himself, searching for an identification chip. John tells the psychiatrist the implant in his arm is missing. In the following scene, hospital staff give John insulin-shock therapy through injection, a body invasive technique. Nurses lead him to a hospital gurney, securing him in leather arm and foot restraints. He seems confused and frightened by their actions. From a raised observation room, Alicia and Dr. Rosen watch John lose consciousness, a tear rolls down John’s face. A nurse inserts a tongue depressor in John’s mouth before he begins to experience a massive seizure. Seizing and restrained, John appears as a vulnerable and powerless “patient,” an object of violence. He will receive five shock treatments a week for ten weeks.

A year later, at Princeton University, Alicia pushes her son in a carriage and converses with one of John’s former classmates. When the classmate asks Alicia about her own wellbeing given John’s health circumstances, she discloses feelings of obligation, guilt, and rage—emotions which subside when she considers her love for her

husband. She admits that John can be a burden. Alicia invites the colleague to John's and her home for a visit. On a screen porch, John smokes, listens to music, and writes notes on a clipboard. The scene casts John as socially disconnected and impaired. Alicia gives John two pink pills to take. John jokes about his mental illness with the colleague and shares his notes. The colleague looks at John's writing and encourages John to consider other things in life besides work. In the following scene, John has his crying son in his lap. He holds the child like a parcel or some inanimate object, completely unresponsive to the baby's sobbing. Barricaded within his own struggles, he cannot function fully as a parent.

Alicia and John's marriage becomes strained, too. John stops taking his medication due to its sexual side effects. As a result, his visual hallucinations and delusions resurface. Parcher and men in military uniforms with flashlights and guns appear to John outside his home in the woods. John shouts, "You're not real," to the agent, who leads him to a run-down shed. Inside the shed, intelligence personnel work at machines under bright lights, and radio sounds crack in the background. The agent asks John to come back to Wheeler Labs. John responds to the agent, "I was so scared that you were not real." Fantasy and reality have become blurred once more.

While taking laundry off a clothes line, Alicia is drawn to the shed behind their home. She ventures inside and sees that John has lined the walls with newspapers and magazine clippings, just as he had done in the past. She realizes John's delusions have resurfaced again and races back to the house, as John is giving their infant son a bath. She rescues the baby just in time from drowning in the tub. John claims that the baby was safe as Charles was watching him. Next, Parcher appears in the house and urges John to stop

Alicia from calling the psychiatrist. He hallucinates that the agent has a gun to Alicia and charges the agent, knocking her to the floor. Terrified of John, Alicia takes the baby and flees the house. John sees Marcy in the adjoining room. The film depicts John's psychotic episode through a series of intercut images, past scenes, murmuring voices, and strange music. The camera spins around John, his thoughts roiling. John runs into the street and stops Alicia's car, exclaiming his revelation that Marcy is a delusion because she "never gets old."

Dr. Rosen visits John and Alicia at their home after the episode. John explains his reasons for stopping his medication and states that he prefers to solve the "problem" of schizophrenia without medical intervention, including shock treatments. The psychiatrist argues with John that he will not be able to reason his way to mental health, and without treatment, the "fantasies may take over." Upstairs John packs to go back to the hospital. He informs Alicia that he does not want to go, as he may never return, and that he does not feel safe. Alicia asks John if he would ever hurt her, and John says he does not know, dialogue suggesting that John is potentially dangerous. Alicia does not sign commitment papers, however, and allows him to stay. The psychiatrist departs, and she says the doctor invited her to call him if John ever tries to "kill" her.

After his psychotic break, John returns to Princeton's campus and visits Martin Hansen, now a professor at the university. He requests Martin's permission to "hang around" campus, as being part of community may help him in his psychological recovery. Martin allows John to use the library. His return back to Princeton does not start off smoothly, however. John soon experiences a psychotic episode on campus. A librarian informs Martin that John has "gone totally nuts." In a courtyard, John paces and

shouts at Parcher, who verbalizes John's deepest fears and insecurities, calling him "some useless ghoul, the local madman . . . you will end up in a cell . . . and while you rock and drool, the world will burn to ashes." People congregate and stare at John. Martin intervenes and grabs John, restraining and reassuring him. John later speaks candidly about his episode with Alicia. She reminds him that "stress triggers the delusions" and encourages him to go back to campus, to try again, when he mentions that maybe he should return to the hospital.

The following day, he converses with Charles and Marcy, telling them he will not speak with them ever again. He strokes Marcy's hair, and an onlooker sees John bent over and moving his hand at nothing. The act is a break-through for John in terms of his psychological recovery. Years pass, and the film depicts John spending his days on Princeton's campus, often with an umbrella in hand, a staff of madness. He audits a class, lingers in the library, and writes mathematical problems on chalkboards or windows—all the while ignoring his hallucinations and delusions. Most people on campus are respectful of John, though there are exceptions. In one scene, a male student mocks John's gait, causing others to laugh at John's expense. However, in another scene, a student approaches John in the library to share some of his research. John asks to teach a course and gets permission to do so. After class one day, a representative from the Nobel Prize committee stops John in the hall. John asks one of his students to confirm the reality of the committee member, an indication that John still experiences hallucinations. The man informs John that the committee is considering him for the prize.

John and the committee member have tea in a faculty dining room. John gently confronts the man's intentions of visiting John in person, given the secretive nature of the

Nobel Prize nomination process. He surmises correctly that the committee member wants to determine if John would be a source of “embarrassment” to the committee, given his history of mental disorder. John discloses that he is “crazy,” still experiences hallucinations, and takes medication for his mental illness. He cannot promise not to be a source of embarrassment for the committee. Their conversation is interrupted when a faculty member brings a pen to John’s table. The giving of a pen is a symbolic act of the faculty at the university, a way to honor a scholar’s lifetime achievements. Several other professors follow suit, bringing their pens to John’s table, expressing their regard for him. John is deeply moved by the presentation, which establishes him as an equal among his faculty peers.

The surprising and emotional finale of movie occurs when John receives the Nobel Prize. At the award’s ceremony, John credits Alicia for all of successes in a moving and heart-felt speech. His words affect Alicia, and her eyes well with tears. The material success of winning a Nobel Prize is enormous, but perhaps, not ultimately as impressive or important as reclaiming one’s life after serious mental illness, and doing so with meaning, purpose, and love.

The following icons appeared in the film:

Icons	Frequency
Staff (umbrella)	7
Clothes in disarray	1
Eyes cast down	2
Hidden hands	1
Seated	3
Chained	1
Restrained	4
Musical icons	2
Held/guided by warders	4
Facial expression of fear	2

Facial expression of terror	4
Lighted window	2
Flailing limbs	3
Body invasive technique	2
Confinement	2
Cage (security screen)	5
Hospital white (walls, uniforms)	12
Bandages	2
Wheelchairs	2
Glazed stare	2
Gurney	1
Hospital technology	1
Playing games	2
Disheveled hair	4
Reading, notebook	2
Rain	1
Shuffling	1
Crystal	1

Additional icons not listed on the rubric appeared in the film:

Medication (pills)	2
Syringe	3
Cigarette	5
Crying/tears	3

The following stereotypes of mental disorder occurred in the film:

Stereotype	Image	Speech
Dangerous	2	3
Object of violence	3	-
As atmosphere	5	-
Pitiable and pathetic	3	2
Incapable	3	2
Burden	-	2
Own worst enemy	1	-
Mentally ill/pathological	63	39
Creative (intellectual) genius	12	8

The following positive portrayals occurred in the film:

Positive Portrayal	Image	Speech
Interacts as equals	3	2
Has complex personality	-	2

Part of the mainstream	5	3
Can have loving relationships	4	2

The most frequently deployed stereotype of mental disorder in the film is “mentally ill/pathological.” The filmmakers depict the positive symptoms of schizophrenia throughout the movie. John repeatedly experiences auditory and visual hallucinations, most often in the form of Charles, Marcy, and Parcher. He sees and speaks with them. At one point, John confides to Alicia about missing his conversations with Charles. John also has paranoia and powerful delusions regarding his work as government spy, too. His delusional thinking is illustrated through certain actions, such as cutting up newspapers and putting confidential packages in an abandoned mailbox, as well as in several scenes. John thinks he breaks code at the Pentagon, becomes initiated as a spy, and flees dangerous enemies in a high-speed car chase. Exhibiting paranoia, he believes unknown actors watch and follow him. In a hospital visiting room, for instance, he warns Alicia that their conversation may be recorded. He orders Alicia to visit her sisters, fearing for her safety.

Words and actions by the psychiatrist and hospital staff further cue the mentally ill stereotype. Diagnostic labels and lay references to mental illness are used to describe John. Dr. Rosen diagnoses John as having “schizophrenia” and explains the disorder and its symptoms to Alicia. Alicia tells John, “You’re sick. It’s all in your mind.” She mentions the prospect of signing hospital “commitment papers.” Hospital staff members restrain John physically and chemically and dispense medications. Representation of the medical/pathological theme occur with icons of hospital white; hospital technology; pills; syringes; restraints; bandages; and a gurney. Treatment does not seem to be restorative, but invasive and frightening. John becomes an object of violence when the hospital staff

put him in four-point restraints and administer insulin shock therapy. Other behaviors cast John as “mentally ill,” such as the self-mutilation of his arm. Here, he acts as his own worst enemy. He behaves violently, as well. John appears dangerous when he punches his psychiatrist in the face and pushes Alicia to the ground, exclaiming to her, “I didn’t mean to hurt you!”

The stereotype of mental disorder as atmosphere manifests through the presence of patients at the mental hospital. Dressed in gowns, slippers, and robes, patients rest on benches, walk down hallways, or spend time under trees. None of these patients speak or have roles in the film other than to characterize hospital scenes.

The movie depicts John as a burden, incapable, and pathetic in images and speech. His life for a time is deeply circumscribed by his mental disorder. Several scenes show John as not fully functional in life, work, or at home. Alicia expresses her frustration and guilt over caring for John. She bears the weight of providing for their family. John, while medicated, is unable to do scholarly work or care for their baby. He nearly lets the baby drown. Alicia encourages John to do something around the house, such as take out the trash, which he does. The pitiable stereotype is further deployed in a scene in which he is the brunt of a cruel impersonation by a Princeton student. Students laugh behind John’s back because of the way he walks.

The second most frequently appearing stereotype is that of genius. The film casts John as an intellectual genius; he matriculates and teaches at Princeton University and ultimately wins the prestigious Nobel Prize. A professor, classmates, and colleagues comment on John’s intelligence, calling him a “genius” and a pioneer in his field. John’s actions further illustrate his mathematical productivity and giftedness. He writes complex

mathematical equations and diagrams on paper, chalkboards, and window panes. A graduate student informs John that he read some of his scholarly work for inspiration; he later speaks with the student and others about math in Princeton's library. The genius stereotype of mental disorder is potentially an ambivalent one. Attending an ivy-league university or winning a major scholarly award portrays a person with mental illness positively, to be sure. Such depictions, however, are also restrictive.

More realistic positive portrayals of mental disorder exist in the movie. John interacts as an equal with colleagues at Princeton and is seen as part of the mainstream through graduate school, social interactions, employment, and having a home and family. The film shows John as being capable of loving relationships, too. His courtship and marriage with Alicia allow viewers to see a person with mental illness as having the capacity to participate in a meaningful marital relationship. At the Nobel Prize award's ceremony, he credits Alicia's love as the centering force in his life. His Nobel speech and his reflections earlier to Martin about rising above one's past demons reflect a complex personality. The film portrays John ultimately as being more than a person with mental illness, or a talented mathematician, but a person who struggled in everyday life given a serious psychological disability, and ultimately found success and solace.

***K-PAX* (2001, Intermedia Films)**

K-PAX tells the story of Prot, played by Kevin Spacey, who believes he comes from another planet, K-PAX. Apprehended in a train station for an alleged mugging, he finds himself in a psychiatric hospital under the care of Dr. Mark Powell, played by Jeffrey Bridges. Prot remains steadfast in his claims that he is from outer space. While he never rids himself of his delusions and delusional talk, he facilitates change in the lives of his doctor and fellow patients. Dr. Powell learns that Prot is really Robert Porter, a man who lost his family under terrible circumstances. At the end of the film, Prot collapses on the day he is scheduled to depart the hospital—on the fifth-year anniversary of the murder of his wife and child. The perennially sunglass-clad, strong-minded man does indeed depart, and a “catatonic” man, unrecognizable by the other patients on the ward, takes his place.

A piercing white light streams through a busy subway station at the start of the film. A man in a wheelchair panhandling for money notices Prot standing in the light’s pathway, as if just appearing out the air. Witnessing the mugging of an elderly woman, Prot walks over to the woman and offers his assistance. Soon police officers arrive on the scene and begin questioning him. Scanning his surroundings, he informs one of the officers he just arrived to the station without luggage or a train or bus ticket and is not comfortable removing his sunglasses, saying, “I’ve forgotten, but your planet is really bright.” The arresting police officer calls on her radio that they have an “EDP”—an “emotionally disturbed person” (Policeone.com, 2012). Officers escort Prot in handcuffs to a police truck. The man in the wheelchair tells the arresting officer that Prot appeared

“out of nowhere.” From these initial scenes, Prot is constructed as strange, otherworldly, and mentally disordered.

An ambulance drives to the entrance of the Psychiatric Institute of Manhattan. Inside, Dr. Mark Powell, Chief of Clinical Psychiatry, speaks with Ernie, one of the patients at the Institute. Wearing gloves, pajamas, and a surgical mask, Ernie expresses anxious thoughts about germs in the food and air around them. Dr. Powell encourages Ernie to take his medication to help him sleep. Leaving his office, he learns that another doctor wants to discuss a patient from Bellevue. He jokes with Joyce, his administrative assistant, if the patient is another “Jesus Christ” case.

In a dimly lit hospital room filled with radiological equipment, Dr. Powell consults with Dr. Chakraborty, presumably a neurologist, on Prot’s case. Dr. Chakraborty shows Dr. Powell scans of Prot’s brain, debriefing him on Prot’s neurological and mental conditions. The medical scans indicate no signs of brain damage or structural abnormalities; Prot also tested negative for drugs. However, Dr. Chakraborty indicates Prot’s “amnesia and delusions” have persisted after taking 300 milligrams of Thorazine for three weeks. Prot believes he is not human and comes from another planet. Dr. Powell is shocked to learn that Prot is unresponsive to the antipsychotic medication and quips, “Let’s hope that extraterrestrials qualify for Medicaid.”

Two attendants bring Prot to Dr. Powell’s office, informing the doctor that “This one is as gentle as a pussycat.” Dr. Powell introduces himself to Prot, who asks to eat an apple. Prot answers the doctor’s questions, including one about knowing the reasons behind his committal at the Institute. Prot says, “You think I’m crazy.” Dr. Powell responds by stating his preference for the term, “ill.” Prot shares with Dr. Powell his

personal history, such as originating from the planet K-PAX, located in the Lyra constellation a thousand light years away from earth. Playing with a crystal decoration on the doctor's desk, Prot informs Dr. Powell that he came to earth through light travel. Prot talks about his home planet in ways that make him appear delusional.

After his appointment with the psychiatrist, Prot reads his journal in a common room with other patients. Ernie, donning a surgical mask and stethoscope, encourages Howie, another patient, to speak with Prot. Howie asks Prot, "You're really from up there?" Prot tells the two patients he hails from K-PAX, a planet circled by seven purple moons. Howie listens to Prot, inquiring further about K-PAX.

At home, Dr. Powell appears distracted at dinner and barely listens to his wife, as she shares the details of her day. His work preoccupies him, and his wife shows signs of frustration with his inattention. His two young daughters watch television nearby.

The following morning, Sal, a patient with stringy, greasy hair, criticizes Dr. Powell and states, "You stink." Dr. Powell ignores the critical comment and continues on his way to a supervision and consultation meeting with his colleagues. There, he plays an audio-recording of one of his sessions with Prot. A colleague diagnoses Prot, "Axis I Psychosis NOS," to which Dr. Powell calls a "wastebasket diagnosis." Dr. Powell ponders whether Prot's issue may be that he actually comes from outer space. His colleagues laugh at the possibility.

Prot next appears in therapy with Dr. Powell. He aggressively and crudely eats a banana with its skin on, the fruit's contents spilling out of his mouth. Dr. Powell observes his client's behavior with curiosity and questions Prot about life on K-PAX. Prot

describes the extreme unpleasantness of sexual relations on his home planet, and then writes a few notes in a small journal for his “report” back home.

Prot wishes staff members and patients a good morning. Ernie and Howie play chess, and Ernie informs Prot that Bess, sitting silently on a couch, never speaks for fear smoke will come out of her mouth. Ernie says she has been on the ward since she was a child, after having burned down her home. Howie corrects Ernie’s story, telling Prot the house fire was electrical in nature.

Down the hall, Doris throws a bowl of green Jell-O on an attendant, who encourages her to leave her room for breakfast. Prot stops by Doris’ room. She wears a feather-collared, sheer robe over her hospital gown, as well as rhinestone earrings, pearls, and heavy make-up. Doris bangs a small bell on a table set with a table cloth and a flower, exclaiming, “The service in here is atrocious!” Noticing Prot in her doorway, she bashfully confides that she is “not expecting any gentleman callers until this afternoon” and then privately reapplies her make-up. Prot notices her table is set for two. She tells him she has been waiting for a visitor for eleven years. Doris states some people may refer to such waiting as “crazy.” She prefers to call it “romantic.”

Back in the lab, Dr. Chakraborty continues to apprise Dr. Powell on Prot’s neurological functioning. Dr. Chakraborty notes that Prot can see ultraviolet light, an inhuman, “super-crip” ability. Provocatively, the neurologist speaks about the reality of K-PAX as if the planet—and Prot’s story—are real.

Dr. Powell dims his office’s lighting, now aware of Prot’s sensitivity to bright light. Prot removes his sunglasses in the doctor’s darkened office, remarking on how the light conditions mirror those back on K-PAX. He addresses Dr. Powell as “Mark” and

answers more of the doctor's questions about existence on his home planet. Prot claims not to have a wife, children, or parents and becomes impatient with Dr. Powell's inquiries about family life on K-PAX. Acting as an equal, he confronts the doctor, "Mark, Mark, Mark, you are not really listening to what I am saying to you."

At a family picnic at Dr. Powell's home, the doctor speaks with Dr. Steve Becker, a family member and astrophysicist, about Prot. Dr. Powell believes he can help Prot resolve his psychological issues by dispelling Prot's K-PAX delusion. Steve gives Dr. Powell questions for Prot.

A nurse informs Dr. Powell that Howie is not acting like himself, but staring out the window. Dr. Powell says, "An obsessive-compulsive does not just sit there looking out the window." He learns that Howie is watching for a "blue bird of happiness," as instructed by Prot. Prot told Howie that he will be "cured" if he completes three tasks. Finding a blue bird is the first. Here, Prot assumes the same authority as the doctor; he can restore patients' health, too. Dr. Powell confronts Prot about his actions with Howie, underscoring his role as doctor and Prot's as patient. Prot challenges the doctor's rhetoric about medical authority and power, hands him answers to the astronomer's questions, and walks away.

Steve and Dr. Powell chat over the phone about Prot's answers to the astrophysicist's questions. Prot's knowledge perplexes Steve, as Prot provided astronomical information not readily known outside a small, scientific community. He asks to meet Prot. Dr. Powell complies, bringing Prot to a planetarium to speak with a group of astrophysicists. While Prot does not demonstrate light travel, he correctly

provides astronomical coordinates, which amaze the scientists. Prot's feat portrays him as either a savant or someone from another world, as he claims.

Back on the ward, Howie wildly pulls up all the window blinds and shouts, "Blue bird!" He spies a blue jay in the bushes outside the hospital windows. The sight ignites him, and he races through the ward announcing his vision, crashing into and toppling a medication cart. An attendant chases after him, while other attendants race to the ward as the place erupts into Bedlam. Patients shout, shake, jump, and chant, "Blue bird!" The bird enchants everyone, even Doris leaves her room to see the creature. That evening, the typically silent Bess goes to Prot's room and whispers, "I know who you are. You are the blue bird." Prot is becoming a savior-like figure to the other patients.

Patients begin to approach Prot for help. Sal, who used to be the doorman at the Plaza until he began to believe everyone "stank," asks Prot to demonstrate light travel as he has been in the Institute for a decade and wants to leave. Sal adds that Prot does not smell. Prot wishes Sal could smell some of the flowers on K-PAX. Sal expresses his desire to return to K-PAX with Prot, and Prot responds that he can only take one person back with him. Dr. Powell later admonishes Prot for mentioning the possibility of returning to K-PAX to all the patients on the ward. Prot says that his time on earth is nearing an end, and he will return to K-PAX on July 27, at 5:51 a.m.

Dr. Powell awakens in the middle of the night with the realization that July 27 marks a five-year anniversary from the time he "arrived" on earth. He suspects Prot endured a significant trauma five years ago and is determined to learn more.

Crossing professional boundary lines, Dr. Powell invites Prot to his home for a July fourth picnic. Anticipating Prot's arrival, his children shout, "Spaceman!" The adults

try to quiet the children's silliness. As soon as Prot arrives, he gets on the grass and barks with the family dog, as if communicating, and relays messages from the dog to its owners. He also frolics and scampers on the lawn with the dog. At dinner, he fills his entire plate with chopped fruit salad, and the children laugh at his actions.

Prot and Rachel later talk inside, and she discloses personal details about Dr. Powell to Prot, including Mark's estrangement from his older son from an earlier marriage. Rachel wonders aloud why she is sharing such information. Prot answers that it is safe for her to do so, as he is a "locked up lunatic."

The idyllic picnic scene is interrupted when one of the children turns on a sprinkler. Dr. Powell's youngest daughter pulls Prot into the water's spray. Prot does not let the little girl's hands go, begging her not to go into the water. The girl starts crying, screaming to be released, and the adults run to her rescue. The men physically restrain Prot, while Betty, a nurse at the picnic, prepares to inject Prot with a syringe medication.

Dr. Powell later discusses the sprinkler scene with his supervisor. Dr. Powell wants to "regress" Prot to learn more about the patient's past. The supervisor warns Dr. Powell about the "dangerousness" of regressing a "violent" patient like Prot. She threatens to transfer Prot to another floor in the Institute.

Prot disappears from the ward, and the patients inform Dr. Powell that Prot is visiting Greenland for a few days and will return shortly. The psychiatrist struggles to locate Prot's whereabouts. He finally discovers him writing in his journal in courtyard tree top.

The doctor expresses his frustration with Prot's progress and encourages Prot to participate in hypnosis; Prot agrees to it. Dr. Chakraborty monitors Prot's vital signs

while under hypnosis. At first, Prot speaks like a little boy, disclosing images and incidents from his childhood, sometimes becoming agitated and tearful. Prot later shares details about his teenage friend, Pete, who works as a “knocker” in a slaughter house. Pete’s wife is Sarah, and their daughter, Rebecca.

Howie, who appears more collected in dress and grooming, takes action on the ward. He announces before group therapy that Prot has agreed to an essay contest to determine who will accompany him to K-PAX. The patients race to grab sheets of paper from Howie, all eager to participate.

An alarming incident happens on the ward later. Howie strangles Ernie, and then proceeds to get Ernie medical help in order to be resuscitated. Ernie’s fears about germs and death vanish after he revives from the ordeal. He expresses deep gratitude for Howie’s actions to the concerned doctors. In such a scenario, the patients “cure” themselves. Howie informs Dr. Powell that he has only one more task left, a comment indicating Prot was behind Howie’s actions.

Dr. Powell asks Prot, under hypnosis, to recollect the events on July 27, 1996. He recalls being with Pete by a river behind Pete’s house. Pete attempts to commit suicide in response to the murder of his wife and child. Prot cries, convulses, and struggles to provide additional information about Pete’s trauma. Prot’s heart rate spikes. He lunges at Dr. Powell, grabbing him by the throat after he hears the doctor mention, “Sarah and Rebecca.” Prot afterward collapses to the floor, sobbing hysterically. Dr. Powell counts back from five, snaps his fingers, and brings Prot back to consciousness. As he leaves the office, Prot drops a used pencil on the ground when he leaves the doctor’s office.

A New Mexico area code on the pencil provides Dr. Powell with his first clue to Prot's true identity and home. With Joyce's help, Dr. Powell pieces together other clues to determine Prot's real name is Robert Porter. The doctor flies to New Mexico and speaks with a local sheriff to get information about Prot's life. The sheriff drives Dr. Powell to Robert's abandoned house, and Dr. Powell learns that a drifter, out on parole, came to the home while Robert was working. The man raped Sarah, Robert's wife, and then murdered her and their daughter. The drifter was still there when Robert returned. Robert killed the drifter, and according to the sheriff, "snapped [the] grown man's neck like it was a twig." In the front yard, Dr. Powell discovers a swing set and water sprinkler; he now understands Prot's actions at the July fourth picnic. Later, the sheriff shows Dr. Powell the river where Robert left his clothes and allegedly jumped in. The police never recovered his body. The sheriff adds that if Prot really is Robert Porter, he "would just soon not know about it."

Elton John's "Rocket Man" plays on the ward, which is festooned with space-themed decorations celebrating Prot's pending departure from the Institute. Patients blow horns, socialize, and submit their essays to determine who will accompany Prot back to K-PAX. Even one of the hospital attendants has submitted an essay, an action which speaks to Prot's influence at the hospital.

Dr. Powell and Prot meet a final time in the doctor's office. Another professionally dubious action, Dr. Powell offers Prot a glass of scotch, wishing him a "safe journey," and then inquires if it would be possible for him to visit K-PAX. Prot encourages the doctor to see more of his own world, including his own family, and suggests he invite his older son home for Christmas. The doctor reflects on Prot's

recommendations. Prot and Dr. Powell speak further, and Prot demonstrates insights into human relations. Dr. Powell gives Prot his pen, so Prot can finish his “report.” Before Prot leaves his office, the doctor shows Prot an old yearbook with a photo of Robert Porter. Dr. Powell confronts Prot on his real identity, challenging him to accept the fact that he is indeed Robert Porter. Prot responds that he will believe that he is Robert Porter if the doctor will consider that he is from K-PAX.

Dr. Powell and the hospital staff remain vigilant to Prot’s actions in his room, as his departure date coincides with the fifth-year anniversary of Robert Porter’s family’s murder. The morning of his release, Prot removes his sunglasses and stands in a beam of blinding sunlight. Dr. Powell, who has spent the night in the hospital in order to be present if Prot experiences difficulties that morning, races to the ward to see Prot by 5:51 a.m. Confusion ensues, as the security camera to Prot’s room goes blank. The viewer speculates: Has Prot returned to K-PAX?

The answer is no. Dr. Powell finds Prot unresponsive under his bed. A staff member wheels Prot on a gurney, connected to hospital technological devices, out of the room. The patients remark that the man on the gurney is not Prot, and that Prot is gone—as well as Bess. They race to Bess’ room and find her essay on her bed. She drew a bird on the first page and wrote, “I have no home.” Howie smiles, picks up the essay, and says, “Bess went to K-PAX.”

The persona of Prot did depart the ward. The man in his place, ashen and mute, appears to be a shell of his former self. Dr. Powell describes Prot as “catatonic” and continues to spend time with him. On one overcast day, Dr. Powell pushes Prot in a wheelchair, apprising him on the lives of some of the Institute’s former patients. Ernie

now works at a public library, and Howie is pursuing a career in crisis counseling. Staff members have been unable to find Bess. Dr. Powell asks Prot about Bess' disappearance, and Prot smiles faintly and briefly.

The film ends with a voice-over from Prot proffering wisdom about living life fully, about "getting it right" in one's relations and actions. In the film's final scene, Dr. Powell takes Prot's advice by reuniting with his estranged son, who is presumably coming home for the holidays.

The following icons appeared in the film:

Icons	Frequency
Naked	1
Clothes in disarray	2
Feather cap	2
Dog	1
Eyes cast down	2
Hands grasped to face	3
Clenched fists	2
Hidden hands	2
Seated	14
Restrained	3
Ecstatic Swoon	1
Musical icon	4
Dance icon	1
Scampering fools	1
Held/guided by warders	5
Facial expression of fear	1
Lighted window/door	14
Shaft of light	3
Individual illuminated	7
Flailing limbs	4
Cage	3
Ship of Fools/confinement	3
Bedlam	1
Hospital white	10
Wheelchair	1
Glazed stare	3
Locked door/key	1
Art icon	10

Gurney	1
Doll (Teddy bear)	1
Hospital technology	8
Playing games (chess, checkers)	5
Disheveled hair	9
Rain (water sprinkler)	2
Ambulance	1
Shuffling	1
Crystal	3
Hypnosis	3

Additional icons not listed on the rubric appeared in the film:

Medication (cart)	1
Writing in a journal	4
Television	2
Fruit	4
Syringe	1
Crying/tears	3
Sobbing	2

The following stereotypes of mental disorder occurred in the film:

Stereotype	Image	Speech
Dangerous	3	4
Object of violence	1	-
As atmosphere	8	2
Pitiable and pathetic	2	6
Incapable	1	1
Comic figure	3	6
Super-crip	-	1
Mentally ill/pathological	3	18
Savant/Genius	1	1

The following positive portrayals occurred in the film:

Positive Portrayal	Image	Speech
Interact as equals	4	4

An additional positive portrayal appeared in the film:

Insightful/agent of change	1	2
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Both positive and negative portrayals of mental disorder occur in the film. The mentally ill/pathological stereotype manifests through dialogue, diagnostic labels and lay references to mental illness, and medical images. Doctors use terms to describe Prot and other patients as “catatonic,” “obsessive-compulsive,” “Axis I Psychosis,” and “ill.” Prot refers to himself as “crazy” and a “locked up lunatic.” In addition, the film shows a medical chart with a handwritten notation that Prot took “300 milligrams of Thorazine” daily and was not responsive to the anti-psychotic. The psychiatric staff discuss placing Prot in an experimental drug treatment study, and Dr. Powell encourages Ernie to take his medication so he can sleep.

Representation of “mental illness” also occurs through instances of clinically abnormal thinking and behavior, as would be indicated in such professional references as the *Diagnostic Statistical Manual of Mental Disorders-IV*. For example, Prot repeatedly shares his delusional thoughts about coming from outer space and life on K-PAX with patients and staff. His delusions never lessen, and so his release from the hospital (toward the end of the film) is questionable and not fully explained or justified. Ernie wears a surgical mask and sometimes stethoscope because of his fixed beliefs that he is surrounded by germs. Sal experiences olfactory hallucinations, believing everyone around him smells.

Medical images and scenes further depict patients as mentally ill and pathological. Medically themed icons appear, such as a syringe, ambulance, wheelchair, gurney, medication cart, and hospital technology. Doctors confer about Prot’s case in a laboratory setting, equipped with monitoring equipment, computers, light boxes to see X-rays and scans, and so forth. Hospital staff wear white coats and nursing uniforms. Moreover, Dr.

Chakraborty discusses Prot's neurological functioning and exhibits brain scans for analysis. The neurologist notes that Prot can see ultraviolet light, a narrative detail which casts him as a "super-crip."

Dangerous and object of violence stereotypes manifest through dramatic action. At a fourth of July picnic, Prot grasps the hands of Dr. Powell's daughter and will not let her go, terrifying the child. When others at the picnic restrain him, he becomes an object of violence. He lunges at Dr. Powell during hypnosis, reaching for the doctor's neck as if to strangle him. One doctor describes Prot as "violent," and Dr. Powell notes his patient has the potential to harm himself or others on the anniversary date of his family's murder. What is more, Prot did commit murder earlier in his life, when he broke the neck of the intruder who killed his wife and child. Other patients exhibit dangerousness. Howie strangles Ernie, while the man slept in restraints, to the point of unconsciousness. And in a mild depiction, Doris hurls a bowl of green Jell-O at a hospital attendant.

Prot and other patients exhibit the pitiable/pathetic stereotype. Prot's arrest at the start of the film portrays him as pitiable in that he is handcuffed and taken into custody, although innocent of any crime. Ernie prefers to sleep in restraints and lives in fear of being contaminated by germs. Doris has been waiting 11 years for a visitor in the hospital, while Bess does not have a home because it burned down when she was a child. Prot informs Dr. Powell that he does not have a family. Viewers learn through gruesome flashback scenes and dialogue that an intruder with a criminal past raped and murdered his wife and child. In one scene, Prot sobs and washes off blood from his family members in a garden sprinkler.

The movie portrays Prot in a comical light, too. The comic figure stereotype is activated when others laugh at Prot's delusions and through Prot's socially inappropriate actions. Dr. Powell's children repeatedly yell, "Space man," laugh, and act silly before Prot's arrival to their home. When listening to Prot's circumstances, Steve makes a joking reference to a large-headed, green alien. Prot scampers and barks with Dr. Powell's dog. At the holiday picnic, he fills his entire plate with fruit salad, making the children at the table snicker. Moreover, Prot eats a banana with its skin on. He overfills his mouth with the fruit and extols his pleasure with earth's "produce."

Prot is seen as a savant, or genius, when he correctly provides esoteric astronomical information to a group of astrophysicists. His intellectual ability causes Dr. Powell and others to question Prot's true identity. On the other hand, Prot's circumstances at the end of the film construct him as being incapable. Dr. Powell describes Prot as "catatonic" and unable to speak. Prot also does not walk, as shown when Dr. Powell pushes him in a wheelchair.

Various patient portrayals on the ward deploy the atmospheric stereotype. Patients with no identity fill in the ward's space in several scenes. These characters sit at tables, often hunched over or resting their head in their hands; mill about; or engage in mindless motions, such as banging a wall or pacing. Patients also bide their time playing board games, painting, and participating in group therapy. On a couple of occasions, ward attendants guide patients down halls, communicating a need for patient oversight and supervision. Not all patients are without identities, however. Although still mainly framed around their psychological issues, Howie, Ernie, Bess, and others appear less one-dimensionally, and thus partially transcend "atmospheric" character stereotypes.

Positive portrayals of mental disorder occur through Prot's insightfulness and his interactions as an equal with Dr. Powell. In images and speech, Prot speaks with Dr. Powell as an equal on numerous occasions. He forgoes professional formalities by referring to Dr. Powell by his first name, questioning the doctor's role in patient care, engaging in an intellectual discussion on Einstein, challenging Dr. Powell on not listening to him carefully, and accepting the doctor's farewell gift, a glass of scotch and writing pen. Prot's insightfulness on human relations inspires Dr. Powell and others to change their lives. Dr. Powell listens to his former patient and reunites with his estranged son. The film's last scenes show the doctor and his son meeting in a crowded terminal. While Prot inspired others to positive change, he does not recover to a fully functional self. It took an otherworldly, super-being persona, that of "Prot," to protect Robert Porter from his painful past. Prot's departure allowed Robert to return to earth—as a man deeply injured through psychological trauma.

***Changeling* (2008, Imagine Entertainment)**

Based on a true story, *Changeling* recounts the events of a missing child and his mother's desperate search to find him. Christine Collins, played by Angelina Jolie, leaves her son Walter home alone one fateful Saturday. When she returns that evening, Walter is missing. The police do not arrive until the following day, and their assistance makes matters worse. The Los Angeles County Police Department (LAPD) returns a boy to Christine's custody, claiming that the child is Walter. However, the boy is not Walter, and Christine's attempts to correct the police's actions anger the department, particularly Captain Jones, who unjustly commits Christine to a psychiatric ward under the guise of "observation." Reverend Gustav Briegleb, played by John Malkovich, and a powerful city attorney rescue Christine from the ward. The attorney also successfully prosecutes her case against the LAPD pro bono. The court renders several verdicts and recommendations, including the removal of the Captain and Chief from the force and the sentencing of Gordon Northcott, the man responsible for Walter's murder, to death. An important theme throughout this movie deals with power imbalances—between the police and citizens, doctors and patients, men and women. Christine finds herself in several power struggles.

The film opens with a view of Los Angeles in the late 1920s. A milk truck drives down a well maintained street of suburban homes. Inside one of them, Christine Collins and her son Walter get ready for the day. After she measures his height against the kitchen wall, she ushers him to the kitchen table for breakfast. Together they take a street car to Walter's school. She kisses him goodbye before heading to her job at a telephone company where she works as a supervisor of telephone operators. At the end of the day,

she picks him up from school. Walter informs her that he hit a boy who teased him about Walter's absent father. Christine reassures Walter that his father left their family when he was born to avoid taking "responsibility" for the child. Later that evening, Christine and Walter talk about their plans to go to the movies the following day. She carries him to bed. Through these opening actions, Christine is portrayed as a caring, devoted mother to Walter. She and her son have a comfortable home life.

Their movie plans are derailed when Christine receives a call about needing to substitute for a sick employee. She leaves her son a sandwich and milk, informs him that a couple of neighbors will check in on him, and promises to take him to the movies the next day. She adds that she will be home before dark. Her son says he does not fear darkness and that he "is not afraid of anything," a foreboding statement given his heroic actions revealed later when he helps another boy escape from the Northcott ranch. She looks lovingly at her son before walking down the street. After her work shift, her manager compliments her on her performance and mentions a promotion opportunity. She thanks him, but cuts the conversation short in order to catch a street car home, which she misses.

Christine arrives home late to an empty house. Walter is not home, and his sandwich is still in the refrigerator. With increasing anxiety, Christine searches the neighborhood, calling for her son. She later telephones the police to report her son's disappearance, requesting that an officer come to the house to investigate that evening. The officer minimizes the situation and states someone will visit the following morning.

At a local church, Reverend Gustav Briegleb asks his parishioners to pray for Christine and Walter, who now has been missing for two weeks. The Reverend observes

that local news reports claim the Los Angeles Police Department is trying its best to find the boy. Gustav wonders about the integrity of such claims, as the Department is known as “most violent, corrupt, and incompetent police department this side of the Rocky Mountains,” words foreshadowing the Department’s actions with Christine and her son’s case. Gustav further decries the LAPD’s violent actions, adding that “our protectors have become our brutalizers.”

Months pass, and Walter is still missing. His absence wears on Christine, as represented in a scene in which she sits on her son’s bed, rocking his Teddy bear. She calls other city’s missing persons departments, inquiring about her son. No one has any information.

Meanwhile, in an unrelated event, a “drifter” leaves a young boy as collateral at an Illinois diner, while he drives home to pick up his wallet in order to pay for their meals. The man does not return, and the cook at the diner calls the police. The boy soon will enter Christine’s life in an expected manner.

Captain J. J. Jones, played by Jeffrey Donovan, and two officers come to Christine’s workplace and inform her that they have found her son. The Captain’s news overwhelms her; she covers her mouth with both her hands, grasps her head, and sobs. The Captain and Christine drive to the train station to pick up her “son.” The station is flooded with members of the press. The Chief of Police greets her at the station and encourages her to compliment the Department for their efforts in finding her child. The Chief’s request barely covers the Department’s transparent attempts to gain positive publicity. She hardly listens to the Chief before running toward an incoming train.

She stops abruptly when she sees the boy waiting for her, stating, “That is not my son.” The Captain dismisses her assertion about the boy’s true identity. He tells Christine that she is in “shock” and the boy “has changed.” The Captain instructs her to take the boy home on a “trial basis,” and that she can come and see him if she has problems later on. The Captain motions to the waiting reporters, who race over to take pictures and ask Christine questions. The Captain talks on Christine’s behalf. The Chief speaks, too, about the LAPD’s role in facilitating this “joyful reunion” between a mother and her lost son. Christine awkwardly poses with the imposter son for photographs.

Clues about the boy’s true identity appear soon after: He has poor manners, unlike Walter. After observing that the boy is circumcised, whereas her son was not, she takes him to the kitchen to stand next to height markings on the wall. The boy is significantly shorter than the most recent line on the wall. Christine visits the Captain to report her findings. He flatly rejects her assertions and attempts to shame her by accusing her of “running away from her responsibilities as a mother.” His accusation infuriates Christine, and she expresses deep concerns that the LAPD has stopped searching for Walter. She asks the Captain to help correct a “terrible mistake”—the Department’s claim that the boy at her home is Walter—and resume looking for her son. He stares at her stonily.

The Captain sends a physician to Christine’s home to examine the imposter child. His initial observations about the boy, comparing the likeness of the child’s eyes with hers, make clear that his real role is to confirm the Department’s assessment of the boy’s identity as Walter Collins. When Christine shows the doctor how the boy is inches shorter than Walter’s last height measuring on the wall, the doctor responds that the boy’s spine may have “shrunk.” In tears, Christine speaks with the Captain on the phone. She

explains that the doctor's visit was offensive, and the Department is wasting time in their search for Walter. The Captain notes that his report on Walter's case is "final"; Christine requests to see a copy in order to refute it. After she hangs up the phone, the boy asks to go to his room, calling her "mommy." Christine throws a dinner plate against the wall after he addresses her as his mother. She cries, "Stop saying that! I am not your mother! I want my son back, damn you!" She holds her head in her hands, sobbing. Later, she apologizes to the boy for her actions, adding that Walter is the most important thing in her life. She asks the imposter child to tell the truth about his identity to the police. He does not answer her.

The Reverend calls Christine one morning, inviting her to the parish to discuss a recent news report about the doctor's visit and subsequent assessment of the boy in Christine's custody. The story infers that Christine may not be caring for the boy well. It also does not state the truth about the boy's real identity. Gustav and she walk around the church grounds. He discloses his history of monitoring the corrupt actions of the LAPD and offers to help her. The Reverend observes that Christine has the potential to embarrass the Department and undermine its authority. The LAPD will not allow her do so. The Reverend cautions, "They will do anything within their power to discredit you."

Christine begins to gather powerful evidence to support her claims that the imposter child is not her son. She takes the boy to Walter's dentist and teacher. The boy's mouth is structurally different than Walter's. Also, the imposter child does not know where his assigned desk is in his classroom. Both professionals enthusiastically agree to put their observations about the imposter child's identity in writing. Christine shares her story with the press, precipitating a series of terrible events.

The Captain has one of his officers bring Christine to the police station, entering through the “back door,” per the Captain’s request. In his office, the Captain berates Christine for sharing her story with the press, telling her that she is trying “to shirk her responsibilities as a mother.” In an abuse of power, he calls her a “liar” and a “trouble-maker,” and that she “has no business walking the streets of Los Angeles.” He speculates that she is either lying or is unable to determine truth from fiction. He sneers, “Are you a derelict mother or just plain nuts?” She gets up to leave. Two individuals, waiting outside his office door, enter and restrain Christine in handcuffs. Her facial expression is one of fear and disbelief. The Captain announces that she is being committed as a “prisoner” at “Los Angeles County General Hospital’s Psychopathic Ward.” The scene is one of emotional and physical violence. What is more, Christine’s committal illustrates a social-political dimension regarding the definition of mental illness. Echoing back to the Anti-Psychiatry Movement, Christine’s social “contrariness,” her willingness to challenge societal authorities (the police), cast her as “insane” rather than the conditions of her mental and emotional functioning. The Captain concocts phony mental illness claims in order to commit Christine to a psychiatric hospital as punishment for discrediting the LAPD’s reputation.

The LAPD drive Christine to the hospital in police truck. In a voice over, the Captain summarizes Christine’s situation about not believing that the imposter child is really Walter. He states, “She suffers from paranoia and delusions of persecution and dislocation from reality” and “may harm herself or others.” He recommends indefinite hospitalization “until her senses can be restored.”

Two white-uniformed male hospital attendants roughly escort Christine through a set of barred double doors. An illuminated, locked window with security mesh appears behind her. The scene is dark, the walls a grayish green. Thunder sounds dramatically, and the viewer hears Christine whimper. At the intake desk, the woman, who accompanied Christine from the police station, announces that Christine is entering under “Code 12,” or by police orders. A white-capped nurse writes down this information. Christine flails in her handcuffs and discloses that the police have made a mistake. The nurse threatens to put Christine in a straightjacket if she does not “behave herself.” Hospital methods and punishment go hand in hand.

Burly male attendants guide her through the ward. In the background, unseen female patients are screaming. A female attendant, wearing a white hat and coat, apron, and rubber gloves, hoses Christine in a decrepit shower stall. The water nozzle’s jet pushes her naked body violently; Christine screams and cowers. After her shower, another female attendant, shown putting on latex gloves, demands that Christine “spread her legs.” The staff member presumably inspects her genitals. During the inspection, Christine’s facial expressions communicate deep shame and anguish.

The hospital’s setting is depicted as a place of darkness and horror. Patients scream, and metal doors clank shut. One patient with disheveled hair peers through bars and groans. Again, two hospital orderlies escort Christine through the ward. Her fear is evident; she crosses her arms protectively over her chest. A nurse unlocks Christine’s hospital room’s door, which contains a small opening with bars. The nurse informs her that phone calls are “earned by good behavior” and reading materials, radios, and sharp

objects are not permitted on the ward. The nurse closes the door, unlatching a steel panel which covers the door's small, barred opening.

Christine's roommate, disheveled and ghostlike in appearance, claims that the room is hers. Even though it is raining and thundering, light filters through the security-screened window. The roommate screams repeatedly, "This is my room!" Christine gets into bed and covers her ears.

While these actions are taking place, Detective Lester Ybarra from the LAPD searches for a boy residing in the country illegally, with the intention of returning the child to Canada. Lester stops on a dusty road along the way and asks a man tending to an overheated car for directions to the Northcott ranch. The man, who happens to be Gordon Northcott, owner of the ranch, considers reaching for his rifle in the back of his truck. He does not, and instead, gives the detective directions to the ranch.

Lester walks around the seemingly deserted Northcott ranch. He comes across an ax stuck in a wood stump and a hatchet near a dilapidated chicken coup. Lester notices a young boy milling about outside. The boy runs from Lester, locking him outside the house. Lester shouts that he is a police officer and has a warrant for a "minor named Sanford Clark." Lester kicks open the door and enters the filthy home. A butcher knife and two smaller knives lay on the kitchen counter. In addition to the imagery of knives and axes, eerie music and dramatic shadows heighten the suspense of the scene. The boy jumps out of a closet and on top of Lester, who quickly subdues and handcuffs the boy. Northcott meanwhile purchases a one-way bus ticket to Seattle, with the intention of eventually traveling to Canada.

Christine does not appear at the church parish to join the Reverend on his radio broadcast. Gustav asks a church assistant to look for Christine. While Gustav commences his radio program, Christine lays in a hospital bed, wearing a striped nightgown, an intertextual reference to striped prison garb. She awakens the following morning to patient screams and her roommate's piercing stare. A nurse unlocks their door, announcing breakfast. Christine asks to see the doctor, and the nurse informs Christine that the doctor will contact her when he is ready to do so.

Patients shriek in the background, as Christine takes a seat in the ward's dining room. The patients wear grayish white gowns and smocks. A white uniformed attendant stands against a wall and watches. A patient named Carol sits down next to Christine, introduces herself, and encourages Christine to eat as such behavior will make Christine appear normal and thus "sane." Carol shares her knowledge of Christine being admitted under "Code 12." Christine counters that she is "perfectly sane." Carol, also on Code 12, explains that the reason they are committed was because "they pissed off the cops." She offers some advice, too. "The more you try to act sane, the crazier you start to look." Becoming well, in this light, is about figuring out the "system," again a reference to social-political-power dynamics.

Carol talks about the other women on the ward committed under Code 12, including a nearly bald woman sitting nearby, drooling and pulling strands of her scraggly hair, brought in by her physically abusive police officer husband. Christine is stupefied that police are able to commit women without any justification. Lamenting the lack of protection and rights of women, Carol remarks, "If we're insane, nobody has to listen to us." She concludes that female patients must "behave" if they wish to leave the

hospital. If they do not cooperate with the hospital's expectations, they depart as shells of their former selves. Carol points to an elderly patient in a wheelchair as such an example. Christine covers her eyes after seeing the patient's physical state.

Meanwhile, Sanford waits with other juvenile offenders in the police station. One such juvenile softly taps his leg with a ruler. The sounds trigger flashback memories in Sanford. He recalls gruesome images of Gordon using an ax, covered in blood. Sanford asks to speak with Lester, wanting to share the content of his memories.

Back in the hospital, a nurse escorts Christine to Dr. Jonathan Steele's office, pushing her through the door. The doctor patronizes and condescends to Christine throughout their conversation. He hums, takes notes, opens and closes files, and makes hostile comments and observations. In regards to her claims that the imposter child is not Walter, he asks, "Has this been going on for long time . . . people changing and becoming something other than what they are?" She answers, and the doctor abruptly hushes her like a child. He confronts her on the accusations she made about the police's actions in committing her. His questions bait and confuse her, not clarify her story or concerns.

At the police station, Sanford shares the horrid details of his time at his cousin's (Northcott's) ranch. Gordon threatened to murder Sanford if he ever left. Sanford cries as he reveals that Gordon picked up children, brought them back to the ranch, held them in captivity, and then murdered them, sometimes commanding Sanford to finish the job he started. He estimated 20 children were murdered, and a couple may have escaped. Sanford also identifies boys in police photographs, which he and Gordon may have murdered. One of the photographs is of Walter Collins. Lester contacts the Captain about Sanford's allegations, noting that it is department policy to investigate possible

homicides. The Captain dismisses Lester's request to investigate Sanford's claims as "departmental policy is what I say it is."

The Reverend waits outside the Captain's office, demanding information about Christine's whereabouts. The Captain declares to Gustav that Christine experienced a "mental breakdown" and is receiving "the best treatment available."

Christine is forced to take medication in the hospital; an attendant physically restrains her in front of the nurse's station. She breaks away from the man's grasp and runs into the doctor's office, telling the doctor that she does not need to take medication. Christine adds that she is not unwell. In response to her assertion that she is not ill, the doctor asks her to sign a document absolving the police of their actions to commit her and that the imposter child is truly Walter. Christine will not sign the document, and as such, the doctor states that she is mentally ill and must stay in the hospital. After Christine raises her voice, the doctor requests an orderly to remove her from his office and "properly sedate her." A male attendant physically drags Christine down the hall; she flails in his restraint. Other attendants and nurses assist him by holding her down on the floor, putting a pill in her mouth, and pinching her nose close in order to make her swallow. Carol comes to Christine's rescue. The doctor, seeing Carol interfering, slaps her hard in the face and calls her a "whore." Carol punches him in the face, and he orders electro-shock treatment as punishment. The scene where Carol receives electro-shock treatment is brutal. She is strapped to gurney in leather restraints and convulses. The nurse administering the treatment observes Carol coldly.

Later, Christine thanks Carol for fighting on her behalf. Lying on her hospital bed, Carol discloses that she lost two babies to "back alley doctors" and was glad to fight for

Christine, saying “fuck them and the horse they rode in on.” A nurse yells at Christine for being in Carol’s room; Christine holds her head to her head and exits.

Lester does not abide by the Captain’s orders to ignore Sanford’s assertions. He and other officers drive Sanford to the Northcott ranch. There, Sanford takes a shovel and unearths human remains of the murdered children, proving that his story of the serial murders is true.

Christine’s situation at the hospital worsens. The doctor confronts her on having to be force-fed medication and asks her to sign the document regarding the police’s actions. She declines for a second time and tells the doctor, “Fuck you and the horse you rode in on.” The doctor retaliates and orders electro-shock treatment for Christine. Hospital staff strap Christine to a gurney and begin to prepare her for shock treatment. As this is happening, Gustav and his attorneys storm the ward demanding to know about Christine’s situation. Gustav’s involvement stops the staff from administering the shock treatment. The doctor releases her from the hospital, but not before asking her for a third time to sign the document regarding the police and the imposter child’s identity. He speaks to her with his back turned. In his hands, he holds a front-page article about the murder case at the Northcott ranch.

On her way home, Christine collapses on the street when she hears a newspaper boy exclaiming that Walter Collins may be one of the murdered children in the Northcott case. Gustav catches her before she falls to the ground. They speak in his home, and she shares her plans to fight the LAPD for what they have done to the women at the psychiatric ward and their handling of Walter’s case. Gustav warns her to be careful of

the department's reprisals for her actions; she admits to having no fear, as she has nothing left to lose.

The Chief of Police reprimands the Captain for his management of the Walter Collin's case and demands that the Captain resolve all further inquiries, as it is a tremendous embarrassment to the department. Also at the station, the imposter child tells the truth about his identity and reason for wanting to be in Los Angeles, which was to see a celebrity.

Gordon makes a surprise visit to his sister's home in Vancouver. The sister's husband calls the police after Gordon goes upstairs to shower. Police arrive to the house and apprehend Northcott.

Gustav contacts the city's best attorney to take Christine's case to court. The attorney has a sterling record, after having sued the city and won four times earlier. The attorney informs Christine that it would be his "honor" to support her case in court. The attorney succeeds in having all women held under Code 12 released from the psychiatric ward. Christine sees Carol depart the hospital, and the two women smile at one another.

Christine gets her day in court. Protest of an unprecedented magnitude, in support of Christine and her case, occurs outside the courthouse. Gordon, who grins and behaves disrespectfully, pleads "not guilty" to murdering up to 20 children. Christine's attorney questions the Captain regarding his actions for committing Christine to a psychiatric ward. He shows the courtroom a copy of an "affidavit for insanity" signed by the Captain. The attorney reveals the Captain's abuse of power in inappropriately committing Christine. He concludes the LAPD wasted valuable time not looking for Walter in their self-serving efforts to cover their lies and unjust actions.

The judge and jury reach their verdicts: Gordon Northcott is found guilty of first-degree murder; the Chief of Police and Captain are removed from the force; and laws of involuntary psychiatric hospitalization are reviewed. The judge orders Gordon to spend two years in solitary confinement at San Quentin jail before being hanged. In addition, the imposter child reunites with his real mother at the train station. There, the child discloses that the LAPD encouraged him to claim that he was Walter Collins.

Through Christine's attorney, Gordon requests to see Christine in order to tell her the truth about Walter; that indeed he murdered the boy. She agrees to see Gordon in San Quentin, and they meet in a dark visiting room at the jail. He does not reveal whether or not he murdered Walter. She confronts him boldly, grabbing him by the shirt and neck, screaming, "Did you kill my son? . . . and I hope you go to hell!" His execution occurs the following day.

Life goes on for Christine. She agrees to have dinner with her boss and also learns from one of the boys captured on the Northcott ranch about Walter's ordeal there. Apparently, Walter and two other captive boys escaped the coup. All got out, but one got his foot caught in fencing. Walter ran back to free the stuck boy, and by doing so, became vulnerable to Gordon's recapture. The boy recounting the story does not know if the other two boys perished at the ranch. Christine later walks with Lester out of the police station. She leaves with newfound hope in finding Walter, still believing in the chance that he may have escaped, and ultimately survived.

The following icons appeared in the film:

Icons	Frequency
Naked	2
Clothes in disarray	5

Eyes cast down	3
Hands grasped to face	14
Clenched fists	2
Wringing hands	1
Hidden hands	3
Seated	4
Restrained	10
Ecstatic swoon	1
Held/guided by warders	13
Facial expression of fear	2
Facial expression of terror	3
Dark asylum	1
Lighted window/door	19
Shaft of light	2
Individual illuminated	5
Flailing limbs	5
Body invasive technique	5
Confinement	9
Cage	17
Bedlam	1
Hospital white	27
Wheelchairs	3
Glazed stare	2
Locked door	2
Gurney	3
Hospital technology	2
Disheveled hair	12
Rain	3

Additional icons not listed on the rubric appeared in the film:

Medication (pill)	1
Paper cup	2
Crying/tears	10
Sobbing	2

The following stereotypes of mental disorder occurred in the film:

Stereotype	Image	Speech
Dangerous	1	-
Object of violence	10	4
As atmosphere	7	12
Pitiable and pathetic	5	4
Sexually deviant	-	1
Own worst enemy	-	2

Mentally ill/pathological	6	8
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The following positive portrayals occurred in the film:

Positive Portrayal	Image	Speech
Interacts as equals (friendship)	1	1
Insight into societal barriers	1	1
Part of the mainstream	13	13

Negative and positive representations of individuals with mental illness appear throughout the film. The most frequently occurring negative stereotypes are as atmosphere, objects of violence, and mentally ill/pathological. Mostly in images, characters on the psychiatric ward do not have identities other than being “patients.” Their main role is to create the hospital setting and construct a certain portrayal of mental illness, one which presents patients as looking ill, unkempt, menacing, and in need of physical restraint. For example, a few shots show patients behind bars, looking through the small openings in their doors. Some hold onto the bars on their doors, while others lunge or reach through them. One groans. Through make-up and choice of clothing (dingy, sack-like gowns), these patients look pale and sickly, their hair often disheveled. In other instances, some patients have sores on their faces and hands. In addition, groups of patients appear in scenes to act out life on the ward, such as having (supervised) breakfast in a common room or lining up outside their rooms for inspection. These scenes depict the regimentation of institutionalized life; thus, these characters serve as an atmospheric device. Lastly, the speech acts associated with the atmospheric stereotype most often do not pertain to actual conversations but to the sounds of screaming. The film repeatedly used background screaming as a sound effect to construct the hospital setting, and perhaps communicate powerful messages about its environment. Viewers may

speculate about the reasons behind the screaming: Are patients frightened? Being harmed in some way? Angry? These vocalizations are not explored in the film.

Carol exhibits the dangerous stereotype when she punches Dr. Steele in the face. However, other than this incident, patients are depicted more often as objects of violence. Christine is an object of emotional and physical violence before she enters the hospital. The Captain demeans and berates her in his office; he commits her to a psychiatric ward without a warrant. Hospital and police staff physically restrain her and bring her to the hospital. A nurse threatens to put her into a straightjacket if she does not “behave.” The shower and genital inspection scenes are difficult to watch. Christine flails, cries, grimaces, and holds on to herself throughout these ordeals. In addition, hospital staff force feed medication to Christine. In one scene, several attendants push her to the ground, force a pill in her mouth, and clamp her nose close to make her swallow. In another, even more dramatic scene of patient restraint, nurses and attendants physically drag Carol (after the doctor slaps her in the face) to a room for electro-shock therapy. There, they strap Carol to a gurney, insert a thick tongue guard in her mouth, and clamp electrodes to her skull. The administration of the electricity violently shakes Carol. She cannot escape; her body stiffens and convulses as the attendants, electric currents, and leather straps hold her down. Some of the icons of madness associated with this stereotype include restraints; held/guided by warders; facial expressions of fear/terror; crying; sobbing; body invasive techniques; locked doors; and cage.

Patients appear as mentally ill and pathological in this hospital setting. Language cues such representation, such as “just plain nuts,” being committed to a “psychopathic ward,” “paranoia,” “delusions of persecution,” “dislocation from reality,” “mental

breakdown,” “have trouble telling reality from fantasy,” and exhibiting “socially unacceptable behavior.” Nurses give patients medication to take in paper medicine cups for their illnesses. One attendant encourages Christine to take medication to “help her relax.” Patients look ill in other ways. Some have sores, wounds, or bald patches. A couple of patients sit in wheelchairs. Christine takes a blood test to determine if she has syphilis, a bacterial disease. Medically themed icons occur regularly, including hospital white; wheelchairs; hospital technology; medication; and paper (medication) cups.

The stereotypes of own worst enemy, pitiable, and sexually deviant emerge in the film, too. The Captain’s claims about Christine’s mental health deploy the own worst enemy depiction. He defends his actions in committing her, asserting she posed a threat to herself and others. However, the LAPD’s power to commit women to the psychiatric ward under Code 12, or police orders, points to political rather than therapeutic actions. The patients under Code 12 deploy the pitiable stereotype in that these women are victims, wronged and maligned by a system (the police) purportedly created to protect them. According to Carol, Code 12 patients tried to speak up and defend themselves and others. By telling their stories, they angered the police, who silenced them through involuntary hospitalization. Carol points to three of these Code 12 women in the cafeteria. All appear ill with sores and balding or scraggly hair. One patient pulls strands of her hair and stares off into space. Christine’s roommate represents another potent depiction of the pitiable stereotype. The roommate, who appears ashen and disheveled, threatens Christine by screaming, “This is my room.” She acts out the “frightening” asylum patient who looks and talks strangely. The sexually deviant stereotype emerges when Carol discloses her history as a prostitute.

Finally, the film contains positive portrayals of individuals with (alleged) mental disorder. Christine acts as an equal and appears part of the mainstream in numerous scenes at home and work. The movie shows her as a devoted mother taking care of Walter, working as a shift supervisor at a telephone company, interacting with colleagues and management, and visiting Walter's dentist and teacher for consultation and assistance. Christine's portrayal is not relegated to that of just being a patient in a mental hospital, but having a full life in society with family, friends, and colleagues. Her determination to fight her case and search for her son further cast her as strong-willed and principled. In the end, she never finds Walter. Her courage to keep looking can be seen as a denial of reality, an unwillingness to accept her life circumstances as they are—or as a model for purposeful resolve, of “hope,” as she says to Lester.

***It's Kind of a Funny Story* (2010, Focus Features)**

Craig Gilner, played by Keir Gilchrist, checks himself into an adult psychiatric ward rather than ending his life in *It's Kind of a Funny Story*. On the ward, he develops a friendship with a middle-aged patient named Bobby, played by Zach Galifianakis, and finds romance with another teenager, Noelle. His week-long hospital stay proves to be transformative. He leaves the hospital with a new perspective on his personal struggles and his identity.

The film opens ominously. Craig speaks, "It starts on a bridge." The sixteen-year-old teenager recalls a recurring dream in which he scales a New York City bridge, walks above racing traffic, speaks with family about his plans to commit suicide, and jumps into the water. Instead of acting out the plan, he bikes to a hospital emergency room and discloses to a receptionist that he wants "to kill himself." Nonplused, she asks him to fill out some forms, handing him a clipboard.

Craig hospitalization begins with an odd encounter. While waiting to see a doctor, he meets Bobby, a patient on the psychiatric ward of the hospital. Bobby's hair is disheveled, and he wears a doctor's coat and scrubs. After asking Craig for a cigarette, he inquires about the reasons why Craig is at the emergency room at 5:00 a.m. on Sunday. Craig struggles to answer, mentioning anxieties surrounding a girl and a Franklin Gates' summer school application.

Next, Craig discloses to the emergency room doctor that he has been depressed for a year and took Zoloft for a while. He explains that his issues center around his father's off-the-mark questions, "stress vomiting," and difficulties with friends, including being "obsessed" with his best friend's girlfriend. After examining Craig, the doctor

states that Craig does not appear to be a danger to himself, and that the hospital only admits people who are “very sick.” Craig stresses his need for “help.” The doctor, moved by Craig’s pleas, admits him to the hospital’s “adult psychiatric ward, as the juvenile ward is under renovation. The admitting nurse asks Craig for his shoelaces and any sharp objects on his person.

Guided by Smitty, a hospital staff worker, Craig passes by two patients on his way to his hospital room. One wears dark sunglasses and hisses playfully at the attendant; Smitty hisses back. Jim, a patient with schizophrenia, gesticulates and speaks to a person who is not there. These patients initially bewilder and intimidate Craig; he asks the attendant “Is there a place here for people more like me?”

Bobby reappears, this time out of his scrubs, to give Craig a tour of the floor. Bobby takes Craig to a recreation area and mentions that there is a ping pong table, a record player, and records which all scratched. He indicates that there is a point system for good behavior, too. A patient in a bathrobe stands with a ping pong racket in his hand; no one is playing on the other side of the table. Bobby discloses to Craig that he (Bobby) is a patient on the ward, making circular motions around his temples and “cuckoo” sounds.

Craig meets his new roommate, Mugtada, an older man of Egyptian decent. Smitty confides that Mugtada does not speak, nor leave the room. Craig observes his new roommate’s worn slippers, scaly feet, and knitted hat; the images repel him. Panicked about being “locked up” with patients such as Mugtada and the men in the hallway, Craig finds Dr. Minerva, who is leading a group of white-coated doctors down a hallway. He stops the group and informs Dr. Minerva that he feels better and wants to leave the

hospital. He is worried about his friends discovering his whereabouts and missing school, too. She stops and reads Craig's chart, noting the claims he made earlier that morning about being suicidal. Dr. Minerva informs Craig that he will be on the ward for a minimum of five days, adding that he should not be ashamed of having depression, a "medical illness," just like diabetes.

Soon after speaking with Dr. Minerva, Craig's parents appear on the ward. Craig acknowledges that his parents are not the source of his distress. His mother embraces him warmly and supports the idea that Craig remain in the hospital for observation. Craig expresses his uncertainty about being in a place with "messed-up" people.

Bobby encourages Craig to join him, Johnny, and Humble for lunch. Craig and the male patients banter. Johnny announces that Humble ate a dollar on a bet. Bobby responds in disgust, "There are a bunch of nut jobs in here." An attendant encourages Craig to eat some of his food for "two points." Craig vomits up his first bite.

The *Diagnostic Statistical Manual of Mental Disorders*, *Therapy's Delusions*, *The Psychology of Women*, *The Talking Cure*, and a mapped skull labeled "phrenology" appear on Dr. Minerva's bookshelf. Craig sits in front of her for therapy. The psychiatrist inquires about Craig's Zoloft usage, current feelings, and sources of stress while taking notes in a medical file. He explains that one of his current stressors is not being admitted to the Franklin Gate's summer school program.

The following morning, Craig joins Bobby, Johnny, and Humble for breakfast. Humble, who behaves somewhat childishly, asks Craig for his breakfast burrito. Craig gives the food to Humble, which displeases Bobby. Bobby removes the food from Humble's plate and puts it back on Craig's. Craig does not want the food, however, and

so Bobby moves the collapsing burrito back to Humble's plate. He then gets up from the table angrily, kicking a chair. In group, Dr. Minerva probes Bobby and others about the incident. Johnny believes that Bobby is acting out his anxiety, worried about his upcoming interview at a group home. Bobby quips about his own hemorrhoids acting up. Other patients chime in with observations about Bobby. He finally announces that he is uncomfortable going to the interview wearing his sweater, his one article of clothing. Craig offers to loan one of his father's dress shirts to Bobby. Bobby reluctantly agrees to the gesture.

Noelle, a young patient, drops a note in the hallway for Craig. In it, she compliments his actions with Bobby in group and invites Craig to meet her later that evening. After reading the note, he checks his voice messages and calls Nia, his best friend's girlfriend, on a hallway payphone. A patient wearing latex surgical gloves waits behind him. Nia confides that she sees a counselor, noting that going to counseling is "pretty embarrassing." After hearing Nia's confession, Craig discloses that he takes Zoloft. She laughs, "We're so screwed up." Patients pass by and talk to Craig while he speaks with Nia; she asks him where he is. Flustered and embarrassed, he quickly hangs up the phone.

Craig delivers a dress shirt to Bobby's room, looks at a photograph of Bobby's daughter, and offers to practice a mock interview with Bobby. Bobby admits to being nervous about the group-home interview. He needs a place to live after Thursday, the day he is scheduled to be released from the hospital, or he will be "homeless." Craig encourages Bobby to consider sharing the positive aspects of living in a group home, not just the negative. After they practice, the two play ping pong with a couple of other

patients. Bobby notes that some patients do not play well, as they are “too zonked out on their meds to compete.” One patient remains motionless during the game.

Craig meets Noelle at a bench that evening. Three scars streak her face, and she pulls one of her sleeves down to conceal more scars along her arm. Noelle explains a new game to Craig, and they play it. The format of the game involves asking questions; the two teenagers get to know each other through the game. Craig removes one of Noelle’s eyelashes and invites her to make a wish. She does, and then they run like “scampering fools” (icon) to “arts and crafts.”

In the following scene, patients congregate around a table engaged in colorful craft activities. They make pipe-cleaner objects, glue paper scraps, paint, and color with crayons. The art therapist introduces herself to Craig and encourages him to get involved. He declines to participate, and she asks the fellow patients to join her in encouraging Craig. Humble suggests that he draw a “beaver.” The therapist quiets Humble’s suggestion, thinking he is referring to a “vagina.” Humble shows his drawing to her, which is of an animal. Another patient nonsensically shouts, “rolling pin!” Craig draws a map of Manhattan; the other patients are amazed with his water color.

On the hallway payphone, Craig speaks with his best friend, Aaron. As a way of saying hello, Aaron shouts, “This is the loony bin!” Another teenager takes the phone from Aaron and asks Craig if he can obtain some Vicodin. Aaron and Craig fight on the phone, as Aaron minimizes Craig’s feelings, saying “nothing is wrong” with him and that he just needs “to chill.”

Craig’s parents visit, and the family talks in a common room. In the background, a science fiction program depicting strange characters plays on the television, perhaps

subtly symbolizing the psychiatric ward's own alternate reality. Craig's father talks about seeing a celebrity and that he secured for Craig an application extension to the Franklin Gates' program. His mother covers for her husband's talk about summer school, encouraging her son not "to stress" about the application process and to focus on getting "well." Craig is frustrated with his father's focus on achievement and not on his wellbeing.

Afterward Craig works on his cityscape watercolor, pushing aside the blank summer school application. Bobby enters the room wearing the dress shirt he borrowed from Craig tied around his head. Craig inquires about Bobby's interview at the group home. Bobby screams into a sofa cushion, informs Craig "he blew it," and then violently pulls books and other items off the walls' shelves. He rages, yells, and flails as he hurls items to the floor. Three ward attendants race to the scene and restrain Bobby, guiding him out of the room.

Craig processes the episode with Dr. Minerva in her office. He discloses that there are times when anxiety and stress well up within him, which he cannot release. She encourages him to reflect on times when he was "happy" and "carefree." Craig recalls a day he spent riding around Brooklyn with his friend Aaron. She responds by reciting the Serenity Prayer and inquires about his parents, because that is what "psychiatrists do."

Bobby later eats an ice-cream cone while walking down a hallway. Craig asks Bobby if he is feeling better after his outburst, and Bobby answers no, but that he does not care because he is "zonked out on Adivan." Bobby admits to obtaining the ice-cream cone from a shop across the street. Other patients follow Craig and Bobby in the hallway, and the group talks about the point system. A ring of ice cream covers parts of Bobby's

mustache and tip of his nose; he does not wipe his mouth nor seem to care about it being smeared.

Over dinner, Bobby and Craig joke and laugh. Bobby tells Craig about some of the other patients on the ward, such Solomon, a man of Hasidic Jewish decent. Solomon ingested “100 tabs of acid” and never has been sane since. In a more serious moment, Bobby confides that his daughter Veronica is better off not seeing him, as he is not worth much being a patient in a mental hospital. Craig disagrees and asserts that Veronica will want to see her father regardless of his circumstances. Bobby cuts the conversation short and then apologizes, adding that his medication is “wearing off.”

Patients select instruments of various kinds and gather for “musical exploration.” Craig does not choose an instrument at first. The music therapist invites Craig to come to the front and sing. The group chants Craig’s name to encourage him to come to the microphone. The group plays Queen and David Bowie’s “Under Pressure.” The film switches to a brilliant fantasy scene, in which Craig and other patients appear dressed as vintage rock stars in bizarre make-up, glittered and fantastic hairdos, and velvet and beaded retro costumes. Bowie and Mercury’s voices boom, while the characters, under atmospheric lighting, lip-sync lyrics that powerfully symbolize their own inner struggles: “This is ourselves . . . under pressure.” Back to reality, the patients enthusiastically applaud Craig’s performance. He has artistic and musical talents—qualities he has not acknowledged or fostered in himself.

Back on the hallway phone, Craig sits in wheelchair and speaks with Nia, who quips that Craig is a celebrity at school. Buoyant from music therapy and his

conversation with Nia, he invites Mugtada to leave the room, as there is “whole world out there.”

Wearing scrubs and a doctor’s coat, Bobby wakes up Craig by putting a small paintbrush in his ear and tells him to change into some scrubs. The two escape the ward to play basketball. Bobby bribes a hospital custodian with two white pills for entrance to the basketball court. After Bobby and Craig shoot baskets, the two talk about Noelle. Bobby encourages Craig to ask Noelle on a date and coaches Craig on how to do it. Their light banter becomes serious when Craig inquires about Bobby’s reasons for being in the hospital. Craig jokes that he heard a rumor that Bobby tried to rape a penguin. Bobby informs Craig that he attempted suicide six times, and Craig confides he has considered suicide, too. Bobby challenges Craig’s motives for even considering suicide, as Craig has many talents and a loving family. Craig ponders Bobby’s assertions.

Mugtada leaves his room for the first time, although does not venture far. He mentions to Craig and other patients that he likes Egyptian music. Craig introduces Solomon to Mugtada, before Mugtada returns to his room. Through small kindnesses, Craig is a positive force on the ward.

Nia visits Craig on the ward and announces that she and Aaron have broken up. While they talk, a patient shouts randomly in the background. Craig mentions that the patient has schizophrenia, and she says “weird.” They go to Craig’s room and begin to kiss in Mugtada’s bed. Mugtada emerges from the bathroom and becomes agitated by the situation, waving a towel in the air and talking about sex. Craig vomits, and Nia, confused and distressed by the situation, races out of the room. Craig tells her he loves

her as she departs the ward. Noelle, who has been waiting for Craig, overhears him and balls up a drawing she had made for him. He apologizes to Noelle outside her door.

Bobby shares his good news: The group home accepted him. He will not be homeless at the end of the week. Craig lays in bed, still depressed over the Nia and Noelle debacle. Bobby confronts Craig's bad mood with strong encouragement. Mugtada observes that Bobby is "wise man."

With Dr. Minerva, Craig reflects on the positive aspects of his life. He discloses that he has found a new passion in art and will continue drawing after he leaves the hospital. The doctor asks him if he will share his art interest with his father; Craig says that he will and thanks her.

Noelle and Craig dress in scrubs, leave the ward, and run to the top of the hospital roof. Noelle asks Craig out on a date, and they kiss. The film shows the two teenagers scanning the Manhattan cityscape with all of its beauty and chaos, much like their unfolding lives.

For Bobby's last night on the ward, Craig gets permission to hold a pizza party. The patients play records and dance in a common room. The atmosphere is celebratory, and the scene evokes the historical practice of holding a "Lunatic's Ball" for patients in asylums centuries ago. Meanwhile, Aaron comes to the ward with a record for Craig. He and Craig make amends. Aaron shares that he sometimes gets depressed, adding that Craig should never consider suicide again. Craig asks Smitty to play the record Aaron brought. Egyptian music fills the ward, and at first, the patients are perplexed by the sounds. However, they soon resume dancing. Craig's plan for drawing Mugtada out of his room works, as the older man comes to the common room and begins to dance.

Patients wish Craig a fond farewell. In his goodbye to Smitty, he states that he is ready to face his everyday life with a fresh perspective. The film ends with a series of scenes in which Craig engages in meaningful life experiences, such as creating art, riding his bike, being with friends, volunteering at the hospital, and simply living.

The following icons appeared in the film:

Icons	Frequency
Naked	1
Clothes in disarray	3
Eyes cast down	1
Hands grasped to face	5
Clenched fists	2
Hidden hands	13
Seated	19
Restrained	1
Musical icon	15
Dance icon	3
Scampering fools	2
Held/guided by warders	4
Lighted window/door	6
Lunatic's Ball	1
Flailing limbs	1
Cage (security mesh)	2
Ship of Fools/confinement	2
Hospital white (uniforms, walls)	21
Wheelchair	3
Glazed stare	1
Locked door	1
Art icon	19
Gurney	1
Hospital technology	1
Playing games(ping pong, basketball)	4
Disheveled hair	8
Reading	2
Rocking chair	1
Shuffling	1
Bizarre make-up	2

Additional icons not listed on the rubric appeared in the film:

Medication (pills)	1
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Paper cup (pills)	1
Television	1

The following stereotypes of mental disorder occurred in the film:

Stereotype	Image	Speech
As atmosphere	19	9
Pitiable and pathetic	6	9
Comic figure	1	1
Own worst enemy	2	9
Super-crip	2	1
Mentally ill/pathological	5	16
Creative/artistic genius	3	2

The following positive portrayals occurred in the film:

Positive Portrayal	Image	Speech
Interacts as equals (friendship)	1	4
Has complex personality	2	2
Part of the mainstream	1	2
Can have loving relationships	3	1

An additional positive portrayal appeared in the film:

Insightful/agent of change	2	2
Caring/kind	7	6

This film conveys individuals with mental illness in both stereotypical and positive ways. Commonly occurring stereotypes in the movie deal with atmospheric, pitiable and pathetic, own worst enemy, and mentally ill/pathological representations. The atmospheric stereotype is cued through the characters whose main function is to show mental disorder by behaving and dressing oddly (wearing a down parka indoors). For example, one of the first patients shown on the ward is somewhat disheveled and wears large dark glasses. He leans against a wall and communicates with Smitty by whispering, “psst.” Smitty responds in similar code with a “psst.” Another patient, frequently referred to as “schizophrenic,” talks to himself and imaginary people. He

repeatedly states, “It will come to you!” On multiple occasions, his outbursts happen when Craig is speaking with non-patients, such as his (Craig’s) family or Nia. The patient’s exclamations, overlapping “normal” interactions and conversations, sound disquieting and disruptive in comparison. The same patient sits outside a group therapy circle and rocks by himself.

Other patients fulfill the atmospheric stereotype by acting strangely. An elderly man in a blue bathrobe stands at a ping pong table with a racket in his hand. He plays with no one; in another scene at the table, he is oblivious to the other players’ actions. The ping pong ball flies right past him. A middle-aged woman wears surgical gloves and smells a pay-phone receiver before using it. Her paranoid delusions appear in a flashback scene in which she takes apart telephones at work, looking for “bugs.” Patients shuffle down hallways, shout nonsensical statements, appear in occupational therapies, mill about the ward, and eat in the cafeteria. Viewers do not learn anything about their identities. Their main role in the film is to create the hospital ward setting.

The mentally ill/pathological stereotype is fueled through psychiatric and medical language and images, as well as lay references to mental illness. Dr. Minerva refers to Craig’s “depression” as a “medical illness” similar to diabetes. Craig describes his “symptoms” and “Zoloft” usage to Dr. Minvera and the emergency room physician, who notes the hospital only admits “very sick” individuals. Some of Craig’s difficulties include “depression,” “anxiety,” “stress,” and “stress vomiting,” and he is shown being “ill,” vomiting on a couple of occasions. While diagnostic labels are mentioned in the movie, such as “schizophrenia,” most references to mental illness are colloquial, including “crazy,” “nuts,” “zonked on meds,” and “screwed up.” The icons in the film evoking the

mentally ill/pathological stereotype include the following: hospital white uniforms, walls, floors, and so forth; wheelchair; gurney; hospital technology; paper cup for medication; and pills. Lastly, background sound effects like beeping machines and ringing phones cue a hospital setting.

References to suicide and self-injury recur throughout the movie, activating the own worst enemy stereotype of mental illness. Speech examples of this stereotype occur when characters speak of “suicide,” “killing myself,” “the suicide hotline,” and “don’t kill yourself.” In addition, Bobby discloses to Craig that he has attempted suicide six times. Noelle, whose face and arms are visibly scared from self-mutilation, shares the hospital staff’s concerns that she will cut herself again.

Bobby and Mugtada exhibit the pitiable and pathetic stereotype. Bobby appears pitiable in multiple scenes: His wife berates him, wishing him dead, in front of their daughter. During a practice interview for a place in a group home, Bobby appears nervous with Craig and reveals that that he will be homeless if he does not get selected. He accepts Craig’s offer for a loaner dress shirt, as his sweater smells like a “hobo’s Band-Aid.” After the interview, Bobby enters the common room with the loaner shirt tied around his head. He tells Craig that he did poorly at the interview, screams into a sofa cushion, and pulls items off the bookshelves in a fit of anguish. What is more, Bobby confides that his daughter cannot look up to him, as he is a psychiatric patient. In a less serious scene, Bobby, whose mustache and tip of his nose are covered in ice cream, accepts a dollar from Humble for the pizza party pool. Humble allegedly ate a dollar on a bet. Every dollar counts; as Bobby notes to Craig, “People in here have nothing.”

Mugtada is cast as pitiable early in the film. Smitty discloses to Craig that Mugtada does not speak or venture out of his hospital room. A fly buzzes in the background as Craig scans Mugtada's personal belongings for the first time—a knit hat and dirty, old slippers with holes. He notices his roommate's cracked feet under the bed sheets, too. The sound effect of the buzzing fly and these images communicate decay and unpleasantness. In a personal reflection, he refers to Mugtada as “an asocial reject.”

Solomon is cast as a super-crip because of his extremely sensitive hearing. He cannot rest when individuals speak on the hallway telephone; their voices are too loud. Bobby learns of Craig's difficulties with Nia and Noelle through Solomon's ability to overhear the teenagers' conversations from down the hall. Humble activates the comic figure stereotype when he encourages Craig to draw a “beaver” in a somewhat humorous scene. The art therapist admonishes Humble, believing he is suggesting that Craig draw a “vagina.” Humble proves to her that he indeed is referring to an animal and shows her his drawing of a beaver.

The film conveys the creative/artistic genius of mental illness through Craig's talents in drawing and singing. His artwork and voice inspire appreciation and applause from other patients. Dr. Minerva compliments Craig's artwork, as well. In addition, musical, dance, and art icons appear numerous times.

While stereotypical depictions exist, the movie conveys positively individuals with mental disorder. The positive portrayals of mental illness include interactions as equals, complex personalities, part of the mainstream, ability to have loving relationships, insightfulness, and other-oriented kindness. For instance, Craig interacts as an equal with his peers in telephone conversations and in person. He demonstrates a complex

personality when he reflects on his feelings and life circumstances with Dr. Minerva. His comments demonstrate sensitivity and thoughtfulness about his inner struggles. In addition, Craig is part of the mainstream when he talks about having a family, as well as when his parents and sister visit him in the hospital. Bobby makes plans with his daughter, indicating that he, too, has a role in society as a father. Craig and Noelle begin dating, and they kiss in a couple of scenes. Their romance communicates the positive theme of being able to participate in a loving relationship.

Characters also are insightful and caring, additional positive portrayals of mental illness not originally noted on the Thematic Portrayals of Mental Disorder viewing rubric. Craig and Bobby share their insights about one another in ways that facilitate reflection and change. Craig engages in several caring acts during the film: Craig loans Bobby a dress shirt and helps him practice for the interview at a group home. Craig orchestrates a good-bye pizza party for Bobby, as well as gives him a watercolor painting with his telephone number on it. Moreover, Craig demonstrates care and concern for Mutgada. He encourages Mutgada to leave the room and see the world and all of its richness. Knowing that the one thing that brings Mutgada pleasure is Egyptian music, he procures a record of such music to play at the pizza party. The music lures Mutgada out of his room, and he dances with the other patients. For the first time, Mutgada appears joyful. Craig is on the receiving end of caring acts, too. Bobby coaches him on how to ask Noelle out on a date, as well as speaks to him encouragingly about seeing the positive aspects in life. These positive portrayals off-set the caricatures of “background” patients on the ward. The film ends positively, albeit tidily, with Craig’s voice-over describing his life after his week-long stay at the hospital. His perspective on his personal difficulties

has changed. His life, as he describes it, is richer, brighter, and more authentic. He shows his family affection; he sketches Noelle. He rides his bicycle in the park with sun in his hair. He skips.

***Shutter Island* (2010, Paramount Pictures)**

In *Shutter Island*, U.S. federal marshal, Teddy Daniels, played by Leonardo DiCaprio, and his partner, Chuck Aule, sail to Shutter Island in order to investigate the disappearance of one of the patients on the island's Aschecliffe Hospital for the "criminally insane." His real purpose for visiting the mental hospital is to locate a certain patient, whom he believes set fire to his apartment years earlier, killing his wife. He also believes the hospital engages in human experimentation for classified purposes. Over a couple of stormy days, Teddy finds himself involved in an elaborate role-play, in which he participates as part of his own therapeutic recovery. Teddy, actually a patient at the hospital, concocted the delusional identity of being an active-duty U.S. marshal to protect himself from past traumas. Unfortunately, he cannot break away from his protective delusions and chooses to escape through more drastic means.

The first few scenes of the film show Teddy, sick to his stomach and vomiting aboard a ship (Ship of Fools), which contains ceiling-suspended chains and cuffs to hold prisoners—from the start, these images cue a dark tone. Chuck and Teddy, U.S. federal marshals, are sailing to Shutter Island allegedly to investigate a case involving a missing patient. The two men get to know each other on the deck. Chuck calls him "boss" and a "legend" on the force. Teddy discloses his wife's death from smoke inhalation in an apartment fire. They speak about the mental hospital, and Chuck says their assistance is required as the institution's inmates experience more than "hearing voices and chasing butterflies."

In wide-angle shot, the film shows Shutter Island with its steep, rocky coastline. Dark clouds appear overhead. The sound track recalls the shark-attack theme music from

the *Jaws* movies—*dun, dun . . . dun, dun*. The captain of the boat asks the two marshals to depart quickly, as a storm approaches. Deputy Warden McPherson and other guards, dressed like police officers, await the arrival of the marshals at the island's only dock. The stoic-faced guards carry high-powered rifles.

The guards drive the marshals to the hospital. Along the way, Teddy notices a marker for the hospital's cemetery. Formidable brick walls and electrified, barbed wire encase the hospital buildings, underscoring the dangerousness of the patients. Uniformed guards open two sets of large, steel-meshed gates to allow the jeep entrance. McPherson next introduces the marshals to the hospital grounds. Building A houses male patients, Building B, female patients, and Building C, an old Civil War fortress, the "most dangerous patients." Visitation to Building C requires the written permission and physical escort of the Deputy Warden and Dr. Cawley, one of the head psychiatrists at Shutter Island, played by Ben Kingsley. After discussing the hospital's security protocol and obtaining the marshals' weapons, McPherson escorts Teddy and Chuck to the main hospital building.

Patients appear outside on the front lawn. A lush lawn and flowers in bloom harken to the "therapeutic" landscaping of Victorian asylums. A patient rakes leaves, shackled in chains at the legs, while another patient, whose arms are chained to his waist, trims a bush with a pair of shears. Chuck inquires about the level of security at Shutter Island. McPherson underscores the need for security as the institution accepts the "most dangerous, damaged patients, ones no other hospital can manage."

Inside the main building, Teddy and Chuck enter through a series of locked, screen doors, on their way to meet Dr. Cawley, an apparent authority in forensic

psychiatry. A hospital attendant presses a buzzer to allow them access. A red light bulb flashes over one of the locked doors; underneath it a sign reads, “Restricted Area/Authorized Personnel Only.”

Dr. Cawley, smoking a pipe, an intertextual reference to Freud, greets the marshals in an elegantly appointed office. Historic artworks depicting madness and/or its treatment, such as Benjamin Rush’s “Tranquilizer” chair, Blake’s *Nebuchadnezzar*, and *The Mad House*, appear on the doctor’s walls. Dr. Cawley informs Teddy of the historic significance of some of the images, recalling the past brutality, neglect, and inhumane treatment of individuals in asylums. He says, “They [patients] were shackled and left in their own filth. They were beaten, as if whipping them bloody would drive the psychosis out. We drove screws into their brains. We submerged them in icy water until they lost consciousness, or even drowned.” The doctor states his desire to “heal and cure” the patients at Shutter Island, as well as to help patients live comfortable lives. Teddy dismisses the patients’ need for comfort, as most have committed murder.

Dr. Cawley and the marshals discuss the missing patient, Rachel Solando, a woman who murdered her three children by drowning them in a lake behind her home. According to Dr. Cawley, she brought the corpses into the home afterward, placing them around the kitchen table. She ate a meal, with the dead children present, before being discovered by a neighbor. She does not believe her children are dead, or that she is a patient in a mental hospital, asserting instead the Shutter Island staff are delivery people and workers. The doctor shows Teddy a photograph of Rachel, an image of a gaunt woman, which triggers in Teddy a flashback memory of a World War II concentration

camp. Teddy recalls memories of his World War II service in several flashbacks and nightmares throughout the film. He asks Dr. Cawley for an aspirin for his headache.

The doctor and other staff cannot understand how Rachel escaped from her room, which has a locked door and a barred window. An attendant, dressed in white, takes Teddy and Chuck to Rachel's room to investigate. There, Teddy and Chuck discover clues about Rachel. She left her room without shoes and hid a note under head bed, which reads, "The Law of 4. Who is 67?" The three men next visit a common room where patients congregate, supervised by several white-uniformed attendants. Teddy asks Dr. Cawley for all personnel records of all staff; the doctor does not immediately agree to such a request.

Outside, McPherson debriefs Teddy and Chuck on his officers' search of the grounds. He does not believe Rachel would have been able to swim off the island due to the fierce currents. Poison ivy and thorny bushes line the rocky banks, making escape treacherous there, as well. Eerie music plays as Teddy observes a lighthouse on the grounds, a facility allegedly used for "sewage treatment."

The marshals question all of the hospital staff workers about their observations and activities on the night of Rachel's disappearance. One nurse states Rachel participated in group therapy the evening of her disappearance. Dr. Sheehan, Rachel's primary psychiatrist, ran the group that evening. Dr. Sheehan's departure for vacation, especially in light of his client's disappearance, strikes Teddy as odd. The marshals cannot reach Dr. Sheehan by phone, as the lines are "down" because of the weather.

Teddy and Chuck join Dr. Cawley for drinks later that evening in a finely appointed salon. While rain and thunder clamor outside, Mahler plays on a record player.

The doctor holds a cigar and what appears to be a filled snifter of brandy. The classical music and the German accent of Dr. Cawley's colleague, Dr. Naehring, played by Max Von Sydon, trigger in Teddy another concentration camp flashback. He recalls emaciated and wounded prisoners holding onto barbed wire fencing, as well as an encounter with a German prison guard, who attempted suicide. Dr. Naehring notes how Teddy, and others in his profession, are "men of violence," his clinical "specialty." The marshals take offense over the doctor's analysis and commentary. Dr. Naehring denies Teddy access to hospital staff personnel files. Teddy erupts over the refusal of his request, tosses his drink glass, and storms out, stating his intention of leaving the island in the morning.

Teddy and Chuck sleep in a bunk bed in the attendants' quarters that night. Teddy recalls more images from his past in his dreams, including one of his wife finding empty whisky bottles around their home. She accuses him of drinking excessively; he blames his behavior on "having killed a lot of people." His wife, whose back appears hollowed out by fire injuries, states Rachel remains on the island and tells Teddy "not to leave." She adds that "Laeddis" is on the island, too. In his dream, he holds her lovingly. Her body bleeds, and ashes swirl around them. She beseeches him "to let her go," and he says, "I can't." At the end of his dream, water pours from his open palms and the apartment burns in flames. Teddy wakes up gasping.

A rough storm with hail and high winds derails the marshal's plans for leaving the island. Teddy requests permission to question a couple of patients in Rachel's therapy group. Dr. Cawley responds to Teddy's request by discussing the "war" in mental-health care. The doctor says, "The old school believes in surgical intervention, psycho-surgery, like a trans-orbital lobotomy." The "new school" favors psycho-pharmacology, and the

doctor mentions Thorazine, which “relaxes psychotic patients . . . tames them.” The reference to “taming” patients echoes historical writing, which connected mental disorder with animal characteristics. The doctor declares the greatest obstacle in Rachel’s recovery is her failure to accept “what she had done.”

Later, the two marshals ask patients about Rachel. The first patient, who disfigured a nurse by “tearing off her face” with a glass, appears delusional and sexually deviant. He speaks savagely about Rachel and other patients, claiming they should be “gassed.” Teddy responds to the patient’s declarations by incessantly scratching his pencil on a piece of paper, driving the patient “crazy.” The patient grasps his face and pleads for Teddy to stop. Attendants take the agitated patient away.

In the following scene, a white tray containing a massive syringe, medicine cup, and other items appear before a white-uniformed nurse. The next patient, whom Teddy observes as seemingly “normal” in comparison to the other patients, admits to murdering her abusive, philandering husband with an ax. She has no interest in returning to the “real world,” which has bombs capable of destroying whole cities and television sets, boxes with “voices.” She laments, “I hear enough voices already.” She asks for a glass of water, and Chuck steps away from the interview to get her one. After he walks away, she grabs Teddy’s notebook and quickly writes “run” in it, before Chuck returns.

Chuck later asks Teddy about “Andrew Laeddis,” the patient Teddy mentioned in a couple of their interviews. Teddy discloses his intention of finding Laeddis, an arsonist who set his apartment on fire, killing his wife. While the two explore the grounds on foot, Teddy tells Chuck more about Laeddis. According to Teddy, Laeddis burned down a

schoolhouse, killing two people, came to Shutter Island, and then “vanished.” A large scar and a milky eye disfigure his face.

The marshals come across an old, gated cemetery. Images of gravestones, windblown limbs, and a dark sky, along with the sounds of mournful boat horns and teeming rain, construct a gothic atmosphere, a horror-movie set. Teddy shows Chuck what the patient wrote in his notebook, the word, “run.” The storm roils, and a tree falls in their path, almost striking them. The two take cover in a mausoleum, and the *Jaws*-theme music returns. Teddy talks about his time at a concentration camp and witnessing piles of dead bodies on the ground, including those of a mother and her child. He and his fellow soldiers shot all the German guards at one camp. Teddy confides to Chuck that he has been researching the hospital’s involvement with the federal government. He spoke with a former patient, George Noyce, to get information on the institution. Teddy believes hospital staff members conduct brain experiments for classified reasons. Chuck challenges Teddy on the reasonableness of believing a “crazy guy’s” claims. Teddy states, “Crazy people are the perfect subjects. They talk and no one listens.” He has, however, and plans to gather evidence and make public the hospital’s experimentation on its patients. Chuck wonders whether the hospital staff know about Teddy’s investigations; if they do, both of them may be at risk. The mausoleum’s door blows open. Guards have come to get them. Their jeep’s headlights shine like spotlights on the marshals. Teddy holds up his hands, as if “captured,” shielding himself metaphorically from the bright lights and commands to come forward.

The marshals return to the hospital, shower, and dress in hospital white attendants’ uniforms. After cleaning up, the men enter a closed-door, hospital staff

meeting where uniformed officer stands guard. Staff members discuss the custody and management of patients given the current storm. Dr. Naehring asserts that patients in Building C must remain in restraints. Dr. Cawley counters such a plan, as the patients will drown if the building floods. Teddy interrupts the meeting and confronts Dr. Cawley on the meaning of Rachel's reference to the number "67" in her note. Teddy surmises there are 67 patients on the island. Dr. Cawley informs Teddy that Rachel has been found and resides back in her cell.

Teddy questions Rachel about her activities during the time of her disappearance. She describes taking care of her children and husband and swimming in the lake, and then confuses Teddy for her husband, Jim. She cries, admits to missing her dead husband, and declares Teddy is not Jim, pushing him away angrily. Attendants restrain her, now screaming, to her bed. Teddy's headache returns, and he collapses in the doctor's office. Dr. Cawley claims Teddy, who experiences visual sensitivity, has a migraine headache and encourages him to take some pills, which he does.

Chuck and a warder guide Teddy to the basement and put him in bed. Falling in and out of consciousness, Teddy sees the deceased mother and daughter at the concentration camp. The girl revives in his dream and admonishes Teddy for not saving her and others. Next, Teddy envisions Laeddis sitting by the fire in the psychiatrists' salon. The man strikes a match, lights Teddy's unlit cigarette, says, "No hard feelings," and offers him a flask of whisky. Rachel, blood-spattered, appears in his nightmare, too, her massacred children at her feet. Dolores, his deceased wife, emerges out of a storm—his last vision. She asks him to find and kill Laeddis.

The next morning, Chuck informs Teddy that the hospital lost its electrical power. Outside, hospital attendants chase roving patients, presumably having escaped their cells due to the power outage. Chuck suggests they investigate Building C, and the marshals walk to the gray-faced fortress. Inside Building C, water drips off the walls and ceilings. Darkness seeps through desolate corridors. A uniformed officer stops the marshals, warning them, “We’ve got most of the bugsies locked down now. But some of them are still loose. If you see one, don’t try to restrain [one yourself] . . . because these fuckers will kill you.” A patient makes a sound like a monkey screech in the background. The marshals continue their investigation of the building.

A nearly naked patient emerges out of the shadows and yells to Teddy, “Tag, you’re it!” Teddy chases the man, who flees down a darkened hallway. Chuck loses track of his partner in a web of wire-enclosed staircases. The patient, whose feet bleed, attacks Teddy from behind, strangling him. While he strangles Teddy, the patient admits his desire not to leave the facility and talks about nuclear bombs. He drools, and spittle runs down his face. Teddy breaks free, punches the patient, and strangles him. Chuck and an officer race to the scene and take the patient away.

Teddy searches the facility by himself. Down one hallway, he walks past several barred cells. In one, naked men pace, scratch their bodies, and make strange noises. In another cell, a man rocks and picks at a gash in his arm, smearing his blood along a wall. Inmates who see Teddy pass lunge at him through their bars. He discovers George Noyce, a “paranoid schizophrenic,” seated, filthy, and alone in a darkened cell. George’s face is badly disfigured and distorted, his teeth rotten. He blames Teddy for being locked away at Shutter Island and that he expects “to be taken to the lighthouse” where staff

“will cut into his brain.” George also confronts Teddy on his own situation, calling his investigation a “game.” He urges Teddy to forget Dolores or he will “never leave this island.” Teddy admits “he can’t” let Dolores go.

Teddy and Chuck leave Building C and continue their search of the island’s grounds. Teddy informs Chuck of his intention of investigating the lighthouse. The two disagree about going to the lighthouse, given the rugged terrain; Teddy decides to go by himself. He scales down a cliff and happens upon hundreds of rats, as well as the hiding place of a woman, holding a knife in self-defense.

The woman in the cave lowers her knife, and Teddy steps inside and squats by a fire. He surmises she is the real “Rachel Solando.” Dirty, barefoot, and dressed in a ragged smock, she nods her head affirmatively and shares some of her history. She worked as a doctor on the island before becoming a patient and states not to be “crazy.” Rachel muses about being labeled “crazy” and declares, “People tell the world you are crazy. And all your protests to the contrary just confirm what they are saying.” Rachel claims to have investigated the hospital’s practice of psycho-surgery and use of psychotropic medication. She describes the details of a trans-orbital lobotomy; how a doctor “zaps a patient with electro-shock, goes through the eye with an icepick, pulls out some nerve fibers. . . . makes the patients much more obedient, tractable”—historical references to the controversial practice of this procedure.

Rachel continues to talk about the power of the brain, and how the hospital “tested patients on Shutter Island” with the mission of creating governmental spies who will not be able to reveal classified information because of their altered mental states. She warns Teddy that he will not be able to leave the island and the hospital will reference his

past traumas as the reason why they committed him. She further warns him that he may have been drugged without his knowledge. He admits to taking medication at the hospital and not smoking his own cigarettes. He then asks her about the activities at the lighthouse. She informs him psycho-surgery takes place there, a fact known by everyone on the island. The following morning, Rachel asks Teddy to leave her hiding place. Teddy asks her if she has seen his friend, Chuck. She answers ominously, “You have no friends.”

The Warden, driving a jeep, spies Teddy in the woods. He takes him back to the hospital, and along the way, speaks chillingly about “violence,” a capacity he claims to exist in everyone, including both of them. The Warden asks Teddy about how he would respond if he bit into one of his eyes. Teddy invites him to do so. The Warden pats him on the shoulder, saying “That’s the spirit.”

Inside the hospital, Teddy speaks with Dr. Cawley, who inquires about Teddy’s whereabouts. Both act guarded with one another, and Teddy declines the doctor’s offer of a cigarette, now paranoid about being drugged. Teddy inquires about Chuck. Dr. Cawley informs Teddy that he does not have a partner; he came to the island alone.

After taking a shower, Teddy grabs his tie from his newly cleaned clothes. He walks through the hospital’s basement corridors and comes upon Dr. Naehring, who reaches for a syringe, containing a “sedative,” in his coat pocket. Teddy grabs the syringe from the doctor and brandishes it in the doctor’s face. Teddy backs down, as the doctor talks to him about “trauma,” and the word’s Greek etiology, which is “wound.” The doctor states, “Wounds can create monsters.” He describes Teddy as being “wounded” by

past traumatic events and a monster who must be stopped. Teddy listens quietly before striking the doctor with the syringe.

Using his tie, Teddy sets fire to Dr. Cawley's car to create a distraction so he can flee to the lighthouse. He believes Chuck may be in the lighthouse, and thus vulnerable to the hospital's program of patient experimentation. As he prepares to set the car on fire, he speaks to Dolores, a visual hallucination, who begs Teddy not to go to the lighthouse. A little girl, another hallucination, appears and takes Dolores' hand. The car explodes behind them, and he flees the scene. The *Jaws* soundtrack theme plays.

Teddy jumps off a cliff into the water and swims to the lighthouse. He knocks out an armed officer patrolling the area, taking his rifle. Teddy breaks through a gated entrance, enters the lighthouse, and races up a spiral staircase. In a room at the top of the stairwell, Dr. Cawley waits behind a desk. He greets Teddy, "Why are you all wet, baby?" Teddy aims his rifle at the doctor and runs around the room looking out windows. The doctor informs him the rifle is not loaded, speaks to Dr. Sheehan on the phone, and requests Teddy to sit down. He asks questions about and expresses concern for Teddy's worsening symptoms, including his hand tremors, hallucinations, and delusions. The doctor begins to challenge Teddy on his view of reality by first informing him that the doctor in the cave does not exist. He explains Teddy's hand tremors as signs of "Chlorpromazine" withdrawal, a drug Teddy has been taking for the last couple of years. The doctor states Teddy has been a patient at Shutter Island for two years and hands him an intake sheet to read as proof.

Teddy takes the sheet and reads about himself before tossing it aside angrily. Dr. Cawley directs Teddy's attention to an easel with four names, Edward Daniels and

Andrew Laeddis, Rachel Solando and Dolores Chanal—all anagrams. The doctor informs Teddy his real name is Andrew Laeddis, and he created an alter ego to protect his psyche from a crime he committed two years earlier. Dr. Cawley cannot allow Andrew to “live in his fantasy world,” because he is “the most dangerous patient” on the island. Apparently, Teddy has attacked others at the hospital. He almost killed George Noyce, the patient in Building C, for calling Teddy, “Laeddis.” Dr. Cawley warns Teddy “permanent measures will be taken to ensure he can’t hurt anyone ever again” if he cannot regain his sanity.

Chuck enters the room and introduces himself as his primary psychiatrist, Dr. Sheehan. Teddy, furious to learn Dr. Sheehan was part of the role play, grabs a pistol off the desk, believing it to be his gun. He realizes the gun is a toy and snaps it in two. Then, Dr. Sheehan recounts Andrew’s personal history. He describes Dolores as “insane, manic-depressive, and suicidal.” Teddy drank, ignoring her issues, and they moved to a lake house after Dolores set their apartment on fire. Teddy grabs Sheehan by the throat, accusing the doctor of lying. Dr. Cawley intervenes by showing Teddy photographs of his deceased children, drowned by Dolores. Teddy shot and killed Dolores after discovering their dead bodies in the lake, narrative details depicted in a chilling flashback scene. He lays the corpses on the grass before shooting his wife, after she tearfully asks to be “set free.”

Later, Teddy appears in bed, dressed in denim clothing. He recounts the events of the trauma involving his wife and children to Drs. Cawley and Sheehan, as described to him earlier. He also shares how Dolores, after her first suicide attempt, described having an insect in her brain, which “pulled the wires just for fun.” He admits not to listening to

his wife's cries for help. Dr. Cawley asks Teddy to confirm his return to sanity. Teddy states, "My name is Andrew Laeddis, and I murdered my wife in the spring of '52."

In the following scene, Teddy sits on the hospital entrance's front steps. He accepts a cigarette from Dr. Sheehan and asks him, "What's our next move." Teddy states he needs to get off the island, appearing delusional once more. With a nod of his head, Dr. Sheehan motions over to Dr. Cawley, Dr. Naehring, and the Warden. Teddy admits the hospital makes him wonder, "What would be worse . . . to live as a monster or die as a good man." After that, Teddy stands and walks with two white-coated attendants, one of whom carries a bundle of instruments in a white cloth. The film ends with an image of the lighthouse, and the foreboding *Jaws*-theme music. Apparently, Teddy decided between the two.

The following icons appeared in the film:

Icons	Frequency
Staff (broom, rake)	5
Naked	6
Clothes in disarray	1
Eyes cast down	1
Hands grasped to face	9
Clenched fists	2
Hidden hands	11
Seated	10
Chained (and chains)	5
Restrained	8
Ecstatic swoon	2
Musical icons	1
Held/guided by warders	13
Facial expression of fear	1
Facial expression of terror	1
Dark asylum (dark ward, corridors)	4
Criminal insanity	1
Lighted window/door	8
Shaft of light	2
Individual illuminated	4

Flailing limbs	4
Rats	1
Ship of fools/confinement	5
Cage (bars, screens, security mesh)	18
Bedlam	1
Hospital white (uniforms, linen)	19
Bandages	1
Locked door/keys	6
Art icon	1
Playing cards	1
Playing games	1
Disheveled hair	2
Freud (psychiatrist smoking pipe)	3
Rain	9
Alarm	3

Additional icons not listed on the rubric appeared in

Paper cup (medication)	1
Syringe	2
Cigarette	9
Writing in a notebook	7
Crying/tears	4
Sobbing	1
Match	4

The following stereotypes of mental disorder occurred in the film:

Stereotype	Image	Speech
Dangerous	20	27
Object of violence	1	6
As atmosphere	11	4
Sexually deviant	-	1
Own worst enemy	1	2
Mentally ill/pathological	13	24

Stereotypical representations of people with mental illness occur in this film with the dangerous and mentally ill/pathological stereotypes occurring most frequently. The dangerous stereotype manifests in the introductory scenes of the island and its patients, speech and actions of various individuals with mental disorder, and descriptive language used by hospital staff. To begin with, filmmakers depict the island itself as a dangerous,

wild environment. Poisonous, barbed plants and a colony of hundreds of rats line the island's cliff-like banks. The coastal waters churn violently; the island's sky storms savagely—setting details which symbolize the roiling, “dangerous” population held inside Shutter Island's Ashecliffe Hospital for the “criminally insane,” a place housing the “most dangerous, damaged patients no other hospital can manage.”

When the marshals arrive at the island's dock, the only point of entrance, several armed guards wearing badges and brandishing high-powered rifles await them. Security measures, through armed officers, electrical fencing, high walls, locked gates and doors, bars, cells, security screens, entrance buzzers, and dozens of white-uniformed nurses and attendants, communicate a powerful need for order, restraint, and isolation. Entering the hospital grounds, Teddy notices patients at work on the grounds. All of these individuals are restrained in cuffs and chains to limit their mobility. One patient, who motions Teddy not to speak by pressing a finger to her lips, has a prominent red scar across her throat, an unsettling image. The viewer can speculate as to the reasons for such injury. How did she cut her throat? Did she harm herself? Did another person or patient injure her? Dr. Cawley informs Teddy that almost all patients at the hospital are violent and have murdered other people.

Narrative details illustrate specific characters' violent actions. Doctors and hospital staff refer to Teddy as one of the most violent patients on the island. Teddy admits to killing many people, including his wife. He nearly kills George Noyce and the patient in Building C, who savagely attacked him first, knocks out a guard at the lighthouse, threatens doctors at gunpoint, and strangles Dr. Sheehan. Dolores set Teddy's and her apartment on fire and drowned her three children. Mrs. Kerns murdered her

husband with an ax, while Peter disfigured his father's nurse's face with a glass. Other patients lunge, yell, flail, and act out. In addition, hospital staff describe patients and their actions as dangerous, using terms and phrases like "violent," "dangerous patient," "prisoners," "a monster," "hurt people, murdered them," "men of violence," "tore her face off," "terrible crime," "these fuckers will kill you," having no "remorse" for one's crime, and taking "permanent measures" to ensure that Teddy "can't hurt anyone again."

Not only do they act out violently, patients assume the object of violence stereotype, too. Mrs. Kerns' husband physically abused her. Attendants physically restrain various patients. George confronts Teddy for injuring him, and being the one responsible for his impending psych-surgery, noting the doctors are "going to cut into [his] brain." He sadly states, "God help me," a reference to feeling completely vulnerable in the hospital. Dr. Cawley warns Teddy he will be lobotomized if he does not regain his sanity. In the end, Teddy chooses the operation. The Warden threatens to "sink his teeth into Teddy's eye" while driving Teddy back to the hospital. Dr. Naehring attempts to inject Teddy with a syringe filled with a sedative, too.

Wearing a bandage on his forehead throughout the film, Teddy's repeated experiences of hallucinations, delusions, flashbacks, and nightmares, along with the physical symptoms of migraine headaches, fainting, and hand tremors, activate the mentally ill/pathological stereotype of mental disorder. Teddy takes anti-psychotic medication and aspirin for his "illnesses" and abused alcohol in the past. Dr. Naehring observes Teddy's highly developed "defense mechanisms" and calls him "wounded." Teddy appears ill in the film when he vomits repeatedly because of his seasickness, collapses in Dr. Cawley's office because of the pain and light sensitivity associated with

a migraine headache, and is carried to a bed for rest. Other characters also activate the mentally ill/pathological stereotype type. Dr. Sheehan refers to Dolores as “insane, mentally ill, and suicidal.” Teddy comments on his wife’s first suicide attempt and her reference to having an “insect” inside her brain. She set her apartment on fire and murdered their children, too. A patient in Building C picks at a massive wound on his arm, smearing his blood along a wall. Both Dolores and this patient’s actions cast them as their own worst enemy. In addition, Dr. Cawley labels George Noyce as a “paranoid schizophrenic.” Teddy states George saw “dragons,” or experienced visual hallucinations. Lastly, patient Rachel Solando speaks in delusional terms when she reflects on her activities during the day of her disappearance, telling Teddy she fixed her children breakfast and took them to school and made her husband lunch.

In general, the patients in the film deploy the atmospheric stereotype of mental disorder. Patients, some wearing chain restraints, appear on the hospital’s front lawn and in common spaces, acting out everyday life at the hospital. They rake, trim shrubs, sweep, play cards, or sit around. One stands in a common room with his arm lifted and shouts, “Why,” to no one in particular. White-uniformed attendants guide, chase, restrain, or watch over patients. The attendant to patient ratio seems low, underscoring the need for close supervision. Patients appear dramatically behind barred, darkened cells, images evocative of a Goya painting. These patients, especially those in Building C, conjure a bleak atmosphere regarding mental hospitalization. Most are naked or barely clothed, and they sit on the floor, scratch their bodies, pace, and make odd movements. Patient cries and screams comprise a couple of speech acts associated with this stereotype. In addition, patients appear physically different. Most are disheveled, disfigured, dirty, or simply

naked. A few have rotten teeth; others are bald or have dramatic wounds and scars. With a couple of exceptions, patient identities remain within the confines of atmospheric backdrop.

The patient Peter is an exception, and his characterization deploys the sexually deviant stereotype of mental disorder. Peter mutilated the face of his father's nurse with a glass. He tells Teddy he did so because she "scared" him. Peter says the nurse seemed like someone who enjoyed being "naked" and "sucking cock" and wanted him to expose himself so she could "laugh at it." Peter's depiction and those of other patients link mental disorder and criminality, a recurrent theme in this film.

CHAPTER V: DISCUSSION OF FINDINGS

The central purpose of this dissertation was to acquire an understanding of how mental disorder has been depicted in American mainstream film from 1988-2010. To gain this knowledge, I employed two content analysis instruments (Levers, 1988, 2001) to record the appearance of icons, stereotypes, and positive portrayals of mental illness in fourteen movies that contain scenes of psychiatric hospitalization. Results indicate that iconic and stereotypical representation of mental disorder have remained consistent from Levers' (1988, 2001) inquiries. Surprising highlights from the current study involve the rank ordering of the most frequently occurring icons and stereotypes. Here, the four most commonly depicted icons and the top five stereotypes were the same as in Levers' (1988, 2001) results. One notable difference between the current and Levers' studies was the increase in frequency of positive portrayals. In this chapter, I discuss the findings in more detail and present content analysis results in tabular form. Moreover, I pose hypotheses for future research in the area of mental disorder depiction and film and conclude with commentary on the applicability of this study to counselors and counselor educators.

Icons of Madness

Levers (1988) created a content analysis rubric containing icons of madness as identified in Western classical art (Gilman, 1982). For the purposes of the present investigation, I updated this rubric with icons Levers noted in her (1988, 2001) filmic research. The Icons of Madness viewing rubric (see Appendix A) contains a varied assortment of icons—from staff (of madness) to cage to bandage. In this study, I observed all icons on the rubric except for “demons exorcism,” and only one occurrence respectively for “cackle” and “sluggish dog.” The table below summarizes the presence

of icons by ascending rank order, by frequency of appearance (total count in all films), and by total number of films (number of films in the sample in which the icon emerged).

Table 1

Icons of Madness by Rank Order and Frequency of Appearance

Rank	Icon of Madness	Frequency of Appearance	Number of Films
1	Hospital white	199	14
2	Lighted window/door	128	14
3	Cage	115	12
4	Seated	103	13
5	Art icon	93	11
6	Held/guided by warders	87	14
7	Hands grasped to face	66	13
8	Restrained	65	10
9	Disheveled hair	64	12
10	Ship of Fools/confinement	60	14
11	Hidden hands	55	12
11	Musical icon	55	12
13	Flailing limbs	48	12
14	Locked door/keys	44	10
15	Individual illuminated	35	11
15	Glazed stare	35	11
17	Clothes in disarray	34	10
18	Clenched fists	31	13
18	Shaft of light	31	12
20	Naked	30	10
21	Playing games	28	11
22	Reading, books	27	9
23	Staff	26	9
24	Bandages	25	7
25	Body invasive technique	24	6
26	Rain	22	9
27	Doll	21	6
28	Eyes cast down	20	9
28	Dark asylum	20	6
30	Facial expression of terror	18	7
30	Wheelchair	18	9
30	Hospital technology	18	7
33	Dance icon	17	8
34	Chained	16	5
35	Shuffling	15	10

36	Gurney	14	8
36	Alarm	14	8
38	Bedlam	13	7
39	Facial expression of fear	12	7
40	Ambulance	9	6
40	Scampering fools	9	5
40	Criminal insanity	9	4
43	Wringing hands	7	3
43	Sexual deviant	7	2
45	Ecstatic swoon	6	5
45	Playing cards	6	4
45	Bus	6	3
45	Feather cap	6	2
49	Freud	5	2
50	Crystal	4	2
51	Rats	3	3
51	Rocking chair	3	3
51	Tearing hair	3	2
51	Hypnosis	3	1
55	Lunatic's Ball	2	2
55	Straightjacket	2	2
55	Tearing clothes	2	2
55	Bizarre make-up	2	1
59	Cackle	1	1
59	Sluggish dog	1	1
61	Demons exorcism	0	0

Five of the top ten icons also appeared in Levers' (1988, 2010) top-ten list of iconography of psychiatric disability—a notable result from the present study. These common five icons include hospital white; lighted window/door; cage; seated; and held/guided by warders. Table 2 compares Sherman's (2012) top ten icons (in order of ascending frequency) with Levers' (1988, 2001) findings.

Table 2

Comparison of Sherman's (2012) and Levers' (1988, 2001) Top Ten Icons of Madness by Rank Order

Rank	Icon of Madness (Sherman, 2012)	Icon of Madness (Levers, 1988, 2001)
1	Hospital white	Hospital white
2	Lighted window/door	Lighted window/door
3	Cage	Seated
4	Seated	Cage
5	Art icon	Held/guided by warders
6	Held/guided by warders	Bandage
7	Hands grasped to face	Staff
8	Restrained	Wheelchair
9	Disheveled hair	Eyes cast down
10	Ship of Fools/confinement	Glazed stare

Comparison between Sherman's (2012) and Levers' (1988, 2001) results indicates that the iconographic representation of mental disorder in mainstream film has remained fairly stable over seventy years of Hollywood filmmaking. The top two icons, hospital white (uniforms, linen, walls, curtains, doors, windows, and so forth) and lighted window/door, appear in both Sherman's (2012) and Levers' (1988, 2001) investigations in the same rank order. Hospital white, as the dominant icon in both studies, is not entirely surprising as all films in the sample take place in hospital or clinical environments. In addition, filmmakers may have relied on hospital white imagery in order to depict more realistically, or perhaps stereotypically, hospital environments, a conclusion which triangulates with Levers' (1988, 2001) commentary and post-1968 Hollywood Production Code analysis. Levers (1988, 2001) discussed how the Hollywood Production Code change of 1968 impacted filmic treatment of mental illness. Prior to 1968, the Code restricted filmmakers from portraying mental illness on the silver screen. Levers (1988) wrote, "After 1968, once the ban was lifted, it seems that an attempt was

made to delve into the issues surrounding ‘mental illness’ in a more socially conscious or at least accurate manner” (p. 274). Such attempts at realism emerged through icons in this and Levers’ (1988, 2001) studies. Icons supporting a “realistic” portrayal of psychiatric hospitalization include hospital white; gurney; wheelchair; television; medication cups; and restraints.

Lighted windows and doors occur in every film in this study. The lighted window/door icon repeatedly appears behind patients, framing them within film shots. It seems powerfully pervasive, too, especially when its inclusion in a scene does not seem logical. In the *Changeling*, for example, a patient sits next to an illuminated window despite a furious rainstorm outside. The cage icon, the third most observed icon, took literal and figurative forms. Patients, appearing behind bars and security screens, and seemingly caged, are fixed visual elements in many of these films. In some instances, patients are locked inside cage-like contraptions, for restraint, punishment, or “treatment” purposes. *Quills*, set in a period asylum, shows patients in actual cages.

I observed additional icons associated with mental illness not on the Icons of Madness viewing rubric. Table 3 summarizes these icons by ascending rank order, by frequency of appearance (total count in all films), and by total number of films (number of films in the sample in which the icon emerged). A few of these, such as trophy, fruit, and match, are idiosyncratic to individual films. Other icons, such as television, medication, and tears, exist in multiple movies, and as such, I would recommend their inclusion in the viewing rubric. In addition, I noted the occurrence of patient screams as speech acts associated with the “as atmosphere” stereotype. Upon analyzing the icons’ data, I would add “scream” as an icon to the viewing rubric, as well. I assert that scream;

sobbing; and crying/tears icons thematically relate to the emotional expression icons (currently on the rubric) of facial expression of fear; facial expression of terror; cackle; and eyes cast down. To summarize, I recommend the following icons to be considered in future research on iconic representation of psychiatric disability: crying/tears; sobbing; scream; television; smoking; cigarette; writing, journal; medication; paper cup; and hospital identification wristband.

Table 3

Newly Identified Icons of Madness by Rank Order and Frequency of Appearance

Rank	Icon of Madness	Frequency of Appearance	Number of Films
1	Television	47	7
2	Crying/tears	40	9
3	Cigarette	37	4
4	Writing, journal	25	6
5	Medication	23	9
6	Hospital identification wristband	19	2
7	Sobbing	16	8
8	Paper cup (for medication)	15	7
8	Syringe	15	6
10	Cat	8	1
11	Quill	7	1
12	Fruit	4	1
12	Match	4	1
14	Trophy	2	2
15	Razor	1	1
15	Spider	1	1

Stereotypes of Mental Disorder

Stereotypes of mental disorder continue to appear in mainstream American films. Twelve stereotypes of mental disorder were identified on the Thematic Portrayals of Mental Disorder viewing rubric. I identified all twelve of them in this study's sample. This finding triangulates with other studies that have documented the prevalence of

inaccurate and insensitive portrayals of mental illness in the media (Hyer et al., 1991; Levers, 1988, 2001; Nairn, 2007; Nairn, Coverdale, & Coverdale, 2011; Wahl, 2006).

The mentally ill/pathological, as atmosphere, and dangerous stereotypes appeared most frequently and are discussed below through illustrative examples. Table 4 summarizes the content analysis findings for the appearance of stereotypes by ascending rank order, by total frequency of occurrence (sum of speech acts and images), and by total number of films (number of films in the sample in which the stereotype emerged).

Table 4

Stereotypes of Mental Disorder by Rank Order and Frequency of Appearance

Rank	Stereotype	Frequency of Appearance	Number of Films
1	Mentally ill/pathological	312	14
2	As atmosphere	161	14
3	Dangerous	144	13
4	Pitiable and pathetic	86	12
5	Object of violence	76	13
6	Incapable	53	10
6	Creative/artistic genius	53	8
8	Own worst enemy	47	10
9	Comic figure	42	8
10	Asexual or sexually deviant	41	9
11	Burden	32	7
12	Super-crip	22	3

Levers (1988, 2001) linked the occurrence of medically themed icons and language associated with “illness” with the mentally ill/pathological stereotype of mental disorder, and I observed these connections, as well. In this study, the mentally ill/pathological stereotype emerged through diagnostic and descriptive language and clinical representations of characters with mental illness. Specifically, several characters in the sample exhibit specific signs and symptoms of diagnosable mental disorders, such

as autism, depression, schizophrenia, and bi-polar disorder, as defined by the American Psychiatric Associations' *Diagnostic and Statistical Manual of Mental Disorders, IV* (1994) a classification system created by medical doctors. For example, John Nash, an individual with schizophrenia, experiences auditory and visual hallucinations and paranoid delusions throughout *A Beautiful Mind*. Dr. Rosen, his primary psychiatrist, diagnoses him as having "schizophrenia." However, John's wife, Alicia, tells her husband that he is "sick," a word cueing the "pathological" nature of this stereotype. His treatments appear to be medical or somatic in nature and geared toward someone who is "ill." In one scene, medical personnel in white uniforms inject him with a syringe and strap him to a gurney to administer insulin-shock therapy. In others, John sits in a wheelchair, takes pills, and laments the medication's "side effects." The film shows him with a bloody arm, a wound requiring bandages, from a self-inflicted injury. Throughout these scenes, icons of madness support "pathological" representation, including hospital white (the most frequently appearing icon in the study); bandages; wheelchair; medication and medication cups; hospital identification bands; hospital technology; syringe; gurney; and ambulance. The prevalence of the mentally ill stereotype may not be surprising given today's growing trend toward biological and neurological explanations for mental disturbance (Hinshaw, 2007).

In all films in this study's sample, the atmospheric stereotype occurs through characters who act as "mental patients." In mostly formulaic roles, these characters look and behave abnormally and stereotypically "crazy." They remain anonymous fixtures in the background, appearing behind bars, scratching their bodies, talking to themselves, moving about strangely, sitting under trees, milling about wards, lining up for

medication, being escorted down hallways, and engaging in various art and recreational activities. Patients are naked, misshapen, injured, or unattractive. Many, if not most, also appear disheveled, odd, or inappropriately attired. Several dress in sleepwear or gowns and smocks. Patients' hair is often in disarray, and some individuals are bald or wear hats, as in a lady's bonnet or a cap with feathers. In *12 Monkeys*, Jeffrey Goins wears patent leather dress shoes and a sweatshirt with his pajamas. Another patient in the same film dons a tuxedo. An elderly patient in *It's Kind of a Funny Story* does not take off her parka indoors. The physical deterioration of one patient in a wheelchair makes *The Changeling's* Christine Collins shield her eyes. In *Shutter Island*, an anonymous patient has a dramatic red scar across her throat. I am intrigued by the use of physical differences to distinguish characters with mental disorder from those without it and can envision future content analysis studies in the area of physical appearance and mental disorder. A sampling of the icons of madness associated with the atmospheric stereotype include disheveled hair; disheveled clothing; naked; reading; writing; guided/held by warders; scampering fools; cigarettes; television; playing games; playing cards; and doll.

Researchers and mental health advocates have documented the dominance of the dangerous stereotype of mental disorder in the media; see Chapter I and II in this dissertation for background on this research. The dangerous stereotype was the third most frequently occurring stereotype in the sample. The portrayal of people with mental illness as being violent and homicidal emerges in several of these films, a worrisome finding given that the connection between violence and mental illness is "small" and only related to "certain kinds of psychotic behavior" (Hinshaw, 2007, p. 102). Specifically, characters with mental disorder in *Don Juan*, *Sling Blade*, *12 Monkeys*, *K-PAX*, and *Quills* commit

murder. Throughout the study's sample, characters chase, strangle, punch, tie up, push, kick, and scream at other people. They threaten harm with the use of weapons, including a sword, gun, syringe, lawnmower blade, and scissors. In addition, language like "violent," "dangerous," and "criminally insane" perpetuates this stereotypical portrayal, as do images of security measures, such as the presence of armed guards, locked doors and cells, bars over windows, and mesh screens.

While the most frequently occurring stereotypes communicate negative, inaccurate, and stigmatizing messages about people with mental illness, the creative/artistic genius and super-crip stereotypes are problematic, too. The genius and super-crip stereotypes emerged in the middle and end of the overall rank ordering of stereotypes. Films portray characters with these stereotypes as special or unique through artistic and scholarly giftedness and achievement, biological and interpersonal differences, and savant skills. Critical viewers may see these characterizations as continuing to set people with mental illness apart from "normal" individuals. These depictions may serve to make characters with mental disorder somehow more appealing or sympathetic, as well. I wonder if and how viewer perceptions would change (about Raymond) if Raymond, in *The Rain Man*, lacked his artistic abilities and savant skills. In other words, would the average movie-goer find Raymond less compelling as a character if he were not a savant? In addition, these stereotypes continue to imply that mental disorder is somehow intrinsic to creative genius—both a positive and confining depiction. From my perspective watching these films, the outwardly positive portrayals of genius are complex and potentially ambivalent.

To conclude this section on stereotypes, I provide comparative data and discussion on the original work that inspired this project. From a historical perspective, this study’s findings on stereotypical depictions triangulate and strongly support Levers’ (1988, 2001) investigations. Specifically, the top five stereotypes identified in this study are the same top-five in Levers’ (1988, 2001) research. Characters with mental disorder continue to be seen in highly stereotypical ways—as mentally ill or “sick” patients requiring medical care, as atmospheric back-drops engaged in “crazy” behaviors, as dangerous and unpredictable individuals who threaten or harm others, oftentimes with a weapon, or as helpless and vulnerable objects of violence acted upon in scenes of restraint and coercion. Table 5 compares Sherman’s (2012) top five stereotypes (in order of ascending frequency) with Levers’ (1988, 2001) findings.

Table 5

Comparison of Sherman’s (2012) and Levers’ (1988, 2001) Top Five Stereotypes of Mental Disorder by Rank Order

Rank	Stereotype of Mental Disorder (Sherman, 2012)	Stereotype of Mental Disorder (Levers, 1988, 2001)
1	Mentally ill/pathological	Dangerous
2	As atmosphere	Object of violence
3	Dangerous	As atmosphere
4	Pitiable and pathetic	Mentally ill/pathological
5	Object of violence	Pitiable and pathetic

Positive Portrayals of Mental Disorder

This study revealed more positive depictions of mental disorder than the results of Levers’ (1988, 2001) inquiries. All positive portrayals on the Thematic Portrayals of Mental Disorder viewing rubric were identified. Table 6 lists the portrayals by ascending

rank order, by total frequency of appearance (speech acts and images combined), and by total number of films (in which the positive portrayal emerged). While this study did not identify the reasons behind the increased presence of positive portrayals of mental disorder in film, mental health and media advocacy and education, public testimonials regarding mental disorder, and the passage of civil rights laws, such as the Americans with Disabilities Act may be playing a role in fostering more rounded depictions of people with mental illness in movies (Wahl, 2006).

Table 6

Positive Portrayals of Mental Disorder by Rank Order and Frequency of Appearance

Rank	Positive Portrayal	Frequency of Appearance	Number of Films
1	Part of the mainstream	59	9
2	Interacts as equals	44	8
3	Can have loving relationships	24	6
4	Has complex personality	10	4
5	Insight into societal barriers	2	1

The two most frequently appearing positive depictions were part of the mainstream and interacts as equals. Films cast characters with mental disorder as part of the mainstream by showing individuals as active members of society through employment, families, and social interactions. As an example, scenes in *The Changeling* show Christine Collins taking her son to school, working as a supervisor at a telephone company, and being asked out on a date. In this regard, her character becomes multidimensional, transcending the identity of a “mental patient.” Films in the study also contain scenes in which individuals with mental disorder interact as equals with other people. Don Juan DeMarco illustrates this positive portrayal when he confronts Dr.

Mickler, his psychiatrist, on his own identity crisis, handing him (the doctor) medication to take.

Don Juan's interactions and insightful dialogue with Dr. Mickler facilitate positive change in the doctor's life. I identified this characterization, of having insight and facilitating change, as a new positive portrayal. Three films in this study contain characters with mental disorder who exhibit this trait. In addition, I noted a second positive portrayal not originally included on the Thematic Portrayals of Mental Disorder rubric—that of being caring and kind. Two films present individuals with mental illness as caring and kind. Karl, in *Sling Blade*, demonstrates kindness by giving his books and a handmade bookmark to his young friend, Frank, and his cash savings to Frank's family. In *It's Kind of a Funny Story*, Craig shows kindness repeatedly with other patients on the ward by facilitating social interactions, loaning an article of clothing, and offering to participate in a mock interview with a patient. A sense of empathy, or at least other orientation, imbues both Karl and Craig's kind acts. Wilson, et al. (1999b) documented "empathetic/caring" as a common depiction of characters with mental illness on primetime television. In light of the caring/kind triangulation, and the frequency of appearance of insightful/catalyst of change portrayals, I recommend both characterizations be considered for future media research on positive portrayals of mental disorder.

The least occurring positive portrayal was insight into societal barriers. By and large, characters with mental illness in this study do not speak about societal issues impacting their everyday living and mental health. Providing characters with such a voice would create a powerful platform for mental health advocacy. While movies are meant to

entertain, they also can serve as political and social vehicles. I hope to see more films in which this positive portrayal is deployed and more fully developed.

Table 7 compares the positive portrayal results from this study with Levers' (1988) findings according to ascending rank order. While all positive portrayals occurred in both studies, the rank order differed. A notable change also occurred in the frequency of appearances between the two sets of data. There were 155 total speech acts and images associated with positive portrayals in this study, and only 10 in Levers' (1988, 2001) research. I surmise that mental health advocacy and political and social changes are permeating media depictions in positive ways.

Table 7

Comparison of Sherman's (2012) and Levers' (1988) Top Five Positive Portrayals of Mental Disorder by Rank Order

Rank	Positive Portrayal (Sherman, 2012)	Rank	Positive Portrayal (Levers, 1988)
1	Part of the mainstream	1	Interacts as equal
2	Interacts as equals	1	Insight into societal barriers
3	Can have loving relationships	3	Has complex personality
4	Has complex personality	4	Part of the mainstream
5	Insight into societal barriers	4	Can have loving relationships

Recommendations for Future Research

The results from this study suggest particular icons, stereotypes, and positive portrayals continue to exist in the depiction of mental disorder contextualized within scenes of psychiatric hospitalization in mainstream American films. I envision

possibilities for future studies for the purposes of refining the viewing rubrics; determining generalizability of icons of madness and thematic depictions of mental disorder; identifying icons, stereotypes, and positive portrayals in other kinds of films and media genres; and exploring the phenomenological experience of watching films with iconic and stereotypical representation from the perspective of someone who has a psychiatric disability. In this section, I discuss these possibilities and conclude with the provision of several hypotheses.

This study provides exciting support for the utility of the Icons of Madness and Thematic Portrayals of Mental Disorders viewing rubrics. Using these instruments, I was able to corroborate Levers' (1988, 2001) earlier filmic research. The rubrics were not difficult to employ, although they required background knowledge on the scholarship on which they were developed, serious concentration, repeated and extended viewings of individual films, and methodical field notes. Writing down textual examples of each image and speech act, according to stereotype or positive portrayal, helped me track hash-marks, as well as gave me supporting textual evidence to use when writing the case studies. I believe that these rubrics, with some guidelines for their use, should be employed for future media studies on psychiatric disability representation. A recommendation for future research, then, is repeated use of these tools to continue confirming their applicability and to refine their contents and formats. For example, interested researchers may want to incorporate the newly identified icons and stereotypes discovered in the present study into the rubrics or group icons thematically on the Icons of Madness rubric for easier identification when viewing films. It also may be interesting to use a subset of icons, grouped thematically, to explore certain kinds of iconic

representation. A subgrouping of medically themed icons could be used to interrogate a film for the mentally ill/pathological stereotype. Future administrations of the rubrics also afford opportunities for formalization of the instruments, perhaps by incorporating instructions for their use and a glossary of terms (brief descriptions of individual icons and stereotypes).

The consistency of results in the current study and Levers' (1988, 2001) research regarding the most frequently occurring icons and thematic depictions calls for future investigation. In terms of iconic expression, researchers could document the appearance of hospital white; lighted window/door; cage; seated; and held/guided by warders in other films in which scenes of psychiatric hospitalization occur. Further studies may be able to document these icons as stable visual tropes in mental hospital scenes, and thus provide further evidence regarding the generalizability of these findings. Moreover, researchers could pursue similar confirmatory data collection and analysis regarding thematic representation of mental illness, especially in regards to the frequently occurring stereotypes of mentally ill/pathological; as atmosphere; dangerous; pitiable/pathetic; and object of violence, as these five stereotypes were the most frequently deployed in both this and Levers' (1988, 2001) studies. These depictions also triangulate with earlier media research, as discussed in Chapter II. I can see future content analysis studies that seek to identify and possibly categorize and code the speech and images associated with these frequently occurring stereotypes.

In addition to corroborating the generalizability of iconic and thematic depictions in American film, researchers could use these viewing rubrics to analyze iconic and thematic content in other kinds of films and media genres. The Icons of Madness viewing

rubric contains iconography culled from Western classical art. I question if and how Western icons of madness appear in non-Western films. A future study could involve these rubrics and foreign films, especially non-Western ones. Using these rubrics with movies in different genres provides other research possibilities. Researchers may discover that certain thematic depictions appear more frequently in particular genres, such as the dangerous stereotype in horror films. Additional studies also could include the analysis of television shows, television movies, cartoons, or video games with scenes of psychiatric hospitalization or mental institutionalization.

Another opportunity for future research exists in terms of exploring the phenomenological experience of watching films with scenes of psychiatric hospitalization with iconic and thematic content. Specifically, I can envision a researcher using the Thematic Portrayals of Mental Disorder rubric to identify films in which mental illness is depicted stereotypically and positively. After identifying films with stereotypical and positive content, a researcher could show these films to participants who identify as having a psychiatric disability and then commence focus groups or individual interviews to discuss their reactions. By using the viewing rubric first, a researcher can triangulate participant responses about thematic representation with his/her own appraisal of certain stereotypes and positive portrayals. I would expect rich dialogue in such discussions.

In conclusion, I offer a few hypotheses for future research. As mentioned earlier, one of the outcomes of this qualitative dissertation is the generation of hypotheses for future studies. Below is a list of proposals:

1. The most commonly occurring icons of madness in mainstream American films that contain scenes of psychiatric hospitalization include hospital white; lighted window/door; cage; seated; and held/guided by warders.
2. The most commonly occurring stereotypes of mental disorder in mainstream American films that contain scenes of psychiatric hospitalization include mentally ill/pathological; as atmosphere; dangerous; pitiable/pathetic; and object of violence.
3. Characters with mental disorder in mainstream American film that contain scenes of psychiatric hospitalization appear physically different in attire, facial features, body shape, and mannerisms than characters without mental disorder.
4. The mentally ill/pathological stereotype will increase in frequency of appearance in mainstream American film that contain scenes of psychiatric hospitalization and will be deployed through clinical and diagnostic terms and representation as articulated in *The Diagnostic Statistical Manual of Mental Disorders*.
5. Positive portrayals of mental disorder will increase in frequency in mainstream American film that contain scenes of psychiatric hospitalization.
6. New positive portrayals of mental disorder will appear in mainstream American film that contain scenes of psychiatric hospitalization.

Summary and Applicability of Findings for Counselors

The results from this dissertation address the primary objective of the study and its subsidiary questions. From the data collected using two content analysis rubrics, I conclude that icons of madness, as identified in earlier research (Gilman, 1982; Levers, 1988, 2001), continue to appear in contemporary Hollywood films with scenes of

psychiatric hospitalization. Five of the top ten icons in this and Levers' (1988, 2001) investigations are identical, indicating a continuity of representation of mental disorder over time. The same holds true for thematic depictions, whether they are stereotypes or positive portrayals. The top five of twelve stereotypes listed on the Thematic Portrayals of Mental Disorder rubric are the same in the current and Levers' (1988, 2001) studies. One difference between the current and Levers' results is the frequency of positive portrayals. Here, the data suggest that positive portrayals have increased.

I invite counselors and counselor educators to make use of these and other media findings regarding the portrayal of psychiatric disability in film. The filmography in Chapter IV provides commentary on iconic and thematic representation of mental illness in twenty years of contemporary American film. Counselors can read these cases to learn more about the messages Hollywood filmmakers—our societal storytellers—communicate about mental illness to mass-viewing audiences. In doing so, counselors will acquire an appreciation of how mental illness is portrayed and constructed on the silver screen, thereby gaining a richer understanding of prevalent stereotypes and recurring visual motifs—many of them deeply problematic. This awareness hopefully will facilitate greater sensitivity to the lived experiences of people with psychiatric disabilities, which in turn may increase counselor empathy, a vital therapeutic skill.

I envision the applicability of this study to counseling practice and counselor education. As discussed in Chapter I, the media play a non-trivial role in the perpetuation of the stigma of mental illness. This stigma can undermine people's willingness to disclose a psychiatric disability and participate in counseling. Socially minded counselors will want to be aware of such obstacles. Indeed, client advocacy is an ethical duty

according to the American Counseling Association's 2005 Code of Ethics. According to the "Advocacy" recommendation in the Code, counselors have an ethical obligation to look at impediments that stymie a client's pursuit of mental health treatment and personal wellbeing (ACA, 2005). Speaking out against negative media portrayals of mental illness and understanding their impact on clients are forms of advocacy.

Counselor educators may want to use the Chapter IV filmography in multicultural counseling and introduction to the profession courses. Counselors in training would benefit from watching films in this study and discussing the visual and stereotypical representation of mental illness. Faculty could ask their students to reflect on the relevancy and power of filmic portrayals of mental illness, or encourage them to discuss their own knowledge and experiences regarding mental illness stigma and media stereotypes. Faculty also could assign social advocacy projects in response to learning about inaccurate and stigmatizing media messages.

In addition, counselor educators could introduce students to broad themes in psychiatric history through a discussion of the icons listed on the Icons of Madness viewing rubric. Gilman (1982) wrote how representation of madness infiltrated medical writing and thinking. In other words, icons of madness did not simply appear in paintings, but in medical texts and discourse. I suspect many students may not know much about the long ago history and treatment of mental disorders. I believe this knowledge is relevant to today's understanding of how we conceptualize and portray mental disorder. The dangerous stereotype, which is alive and well in contemporary media stories, is centuries old. To this end, I would invite interested professors to show students art and/or medical images associated with the "restraint" icon, such as Rush's

“Tranquilizer” chair, for a discussion on issues such as power, human rights, and somatic treatments for mental illness.

In summary, I invite counselors to consider Chapter IV’s filmography as a resource for personal and professional edification and a catalyst for action. Responses could include being a more critical media consumer, incorporating media literacy into one’s syllabus, being more attuned to clients who may harbor stereotypical thinking about themselves, and perhaps even contacting media outlets and voicing concerns regarding certain portrayals of mental disorder.

Final Reflections

As disclosed in the Introduction, I have worked with individuals with psychological disabilities for many years. I feel strongly that persons with disabilities are more than diagnoses, evaluations, and score reports, but whole people with full, complex lives. In this regard, I am sensitive to stereotypical and reductionist depictions of mental illness in the media. When I commenced this study, I anticipated viewing stereotypical content in my sample of films. The findings surprised and sobered me in that iconic and stereotypical depictions have not changed dramatically since Levers’ analysis of fifty years of Hollywood filmmaking; the overlapping results of the present study with Levers’ (1988, 2001) especially underscored a continuity, even a rigidity, of mental illness filmic representation. I find this problematic, especially when writers and researchers have documented how media portrayals can serve as primary sources of information on mental disorder, shape social perceptions toward people with mental illness, and perpetuate mental illness stigma, which can have an impact on individuals’ willingness to access

mental-health treatment (Granello & Pauley, 2000; Robinson, 2009; U.S. Department of Health and Human Services, 1999; Wahl, 2006).

The current findings have led to personal and professional reflection. I believe even more firmly in the importance of educating counselors about media content and its potential impact on client feelings and attitudes concerning mental illness and counseling practice. I have reflected on how overwhelming some of the images and storylines in this sample can be to people with mental disorders. The psychiatric hospital scenes in *The Changeling* are instructive. In the film, Christine Collins is committed to a mental institution as punishment for telling the police the truth about her missing son. There, stern-faced nurses hose her down violently, inspect her genitals, and lock her away in a barred-window cell where a fellow patient screams at her. Hospital attendants later restrain her, force feed her pills, clamp her nose shut to make her swallow, and strap her down to a gurney in preparation for electro-shock therapy as punishment. I have wondered if and how such scenes influence audience perceptions of psychiatric hospitalization or of mental disorder more generally. How appealing, or even safe, does psychiatric hospitalization or mental-health treatment seem after viewing Christine's ordeals? For people who have knowledge of and experiences dealing with mental illness and/or hospitalization, are these scenes difficult to watch? Are they shameful or frightening? Or are they sources of frustration, anger, and annoyance? I believe we counselors should care about how our clients would answer these questions.

The increase in positive portrayals of mental disorder in this study compared with Levers' (1988, 2001) inquiries challenges the predominate stereotypes. I was pleased to document this upturn and to watch characters participate as full members in society

through personal relationships, employment, and social interactions. These characters act as equals with their peers and sometimes speak about the societal issues affecting their wellbeing, including their mental health. I look forward to viewing more positive depictions in future films and perhaps being able to drop the “positive” qualifier attached to these thematic labels. After all, being part of the mainstream, interacting as equals, and having complex personalities are, or at least should be, “typical” characteristics for anyone, with or without mental illness.

I do not contest the fact that there are people with (and without) psychiatric disabilities in this world who may be violent or act bizarrely, who very well may be frightening, disorganized, or incompetent—who act out the stereotypes identified in this study. However, I question the pervasiveness of stereotypical depictions of mental disorder in the media. I hope this dissertation sheds light on these phenomena and provokes readers to thoughtful responses.

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APPENDIX A

Icons of Madness Viewing Rubric (Levers, 1988, 2001)

Icon	Frequency	Icon	Frequency
Staff		Sexual deviant	
Naked		Flailing limbs	
Clothes in disarray		Body invasive technique	
Feather cap		Rats	
Sluggish dog		Ship of Fools/Confinement	
Eyes cast down		Cage	
Hands grasped to face		Bedlam	
Clenched fists		Hospital white	
Wringing hands		Bandages	
Hidden hands		Ambulance	
Seated		Wheelchairs	
Tearing hair		Glazed stare	
Tearing clothes		Locked doors/keys	
Chained		Art icon	
Restrained		Gurney	
Ecstatic swoon		Doll	
Demons exorcism		Playing cards	
Musical icon		Hospital technology	
Dance icon		Playing games	
Scampering fools		Disheveled hair	
Held/guided by warders		Reading, books	
Facial expression fear		Bus	
Facial expression terror		Freud	
Criminal insanity/deviance		Rain	
Dark Asylum		Rocking chair	
Lighted window/door		Cackle	
Shaft of Light		Alarm	
Individual illuminated		Hypnosis	
Lunatic's Ball		Shuffling	
Straightjacket		Bizarre make-up	
Crystal			

APPENDIX B

Thematic Portrayals of Mental Disorder Viewing Rubric (Levers, 1988, 2001)

Thematic Stereotype	Image	Speech	Positive Portrayal	Image	Speech
Dangerous			Interacts as equals		
Object of violence			Insight into societal barriers		
As atmosphere			Has complex personality		
Pitiable and pathetic			Part of the mainstream		
Asexual or sexually deviant			Can have loving relationships		
Incapable					
Comic figure					
Own worst or only enemy					
Super-crip					
Burden					
Mentally ill/pathological					
Creative/artistic genius					